

CITY COUNCIL

CITY AND COUNTY OF HONOLULU
HONOLULU, HAWAII

No. 19-207, CD1

RESOLUTION

SUPPORTING THE FOUR-YEAR AREA PLAN ON AGING UNDER THE OLDER AMERICANS ACT OF 1965, AS REAUTHORIZED IN 2016.

WHEREAS, pursuant to Section 305(a)(2) of the Older Americans Act of 1965, as amended, the City and County of Honolulu (City) was formally designated in 1973 as the Area Agency on Aging responsible for the preparation of plans and programs for the support of the elderly population of the island of Oahu; and

WHEREAS, pursuant to said Area Agency on Aging designation, the City has the legal status to apply for funds from the State of Hawaii and the federal government to support programs for elder persons; and

WHEREAS, the City has prepared the Four-Year Area Plan on Aging for the four federal fiscal years beginning October 1, 2019 and ending September 30, 2023 (the "Plan"), a form of which is attached hereto as Exhibit A and made a part hereof, which serves as the City's application for the allocation of State and federal monies under Title III of the Older Americans Act of 1965, as amended and reauthorized, and under related State programs; and

WHEREAS, federal and State of Hawaii funding for programs outlined in the Plan becomes available to the City at various intervals throughout the four-year Plan; and

WHEREAS, the receipt and expenditure by the City Administration of such funds for the programs outlined in the Plan, where such funds have not already been appropriated in an annual budget ordinance, shall be in accordance with the applicable budget procedures relating to the receipt and expenditure of limited purpose monies specified in the appropriate annual budget ordinances enacted by the Council; and

WHEREAS, the City has the authority to enter into grant agreements for the execution and administration of programs in support of elderly persons; and

WHEREAS, the City has the authority to enter into and administer agreements with organizations and agencies that are qualified to deliver services to the elderly; and

WHEREAS, the City Council finds that the Plan serves the public interest and ensures seamless implementation of programs that support Honolulu's kupuna, their caregivers, and the City's senior service providers; now, therefore,



CITY COUNCIL

CITY AND COUNTY OF HONOLULU
HONOLULU, HAWAII

No. 19-207, CD1

RESOLUTION

BE IT RESOLVED by the Council of the City and County of Honolulu that it hereby expresses its support for the Four-Year Area Plan on Aging for the four federal fiscal years beginning October 1, 2019 and ending September 30, 2023 (such Plan in substantially the form attached hereto as Exhibit A); and

BE IT FINALLY RESOLVED that copies of this resolution be transmitted to the Governor of the State of Hawaii; the Director of the State Executive Office on Aging, Hawaii State Department of Health; the Mayor; the Director of Community Services; the Corporation Counsel; and the Chair of the Honolulu Committee on Aging.

INTRODUCED BY:

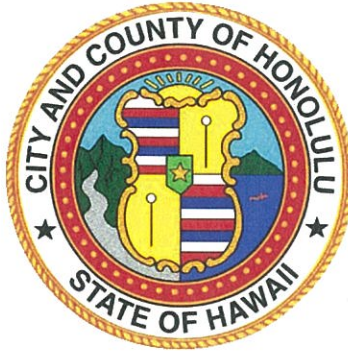
Ikaika Anderson (br)

DATE OF INTRODUCTION:

August 20, 2019

Honolulu, Hawaii

Councilmembers



Elderly Affairs Division
Department of Community Services

Four-Year Area Plan on Aging

October 1, 2019 – September 30, 2023

Planning Service Area Two in the State of Hawaii

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Honolulu, Hawai'i 96817

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KIRK CALDWELL
MAYOR

ROY K. ANEMIYA, JR.
MANAGING DIRECTOR

GEORGETTE T. DEEMER
DEPUTY MANAGING DIRECTOR

MESSAGE FROM MAYOR KIRK CALDWELL

Aloha,

I am pleased to present the City and County of Honolulu's Four-Year Area Plan on Aging. With approximately 20 percent of O'ahu's population currently over the age of 60, it is vital that the government and our communities recognize the importance of providing for the specific needs of this population. The Department of Community Services, Elderly Affairs Division, has surveyed residents, service providers, key policymakers, and focus groups in an effort to identify these needs. From this research, the agency has outlined key strategies to address the specific needs of O'ahu's older population and the caregivers that serve them.

The demographics of Hawai'i are like that of no other in the world. Ethnic and cultural diversity has always been a defining characteristic of these islands. However, more recent trends such as the increasing disparity of economic backgrounds, increasing rates of disability among "younger" older adults, and increasing life expectancies for many has resulted in several distinct generations of older adults, all with their own unique challenges. The definition of an older adult is much more dynamic than ever before.

Now, more than ever, collaboration and innovation are needed from the groups, agencies, and providers that serve and advocate for older adults. With older adults now being a part of several generations, it is imperative that the needs and challenges of the aging be understood by persons of all ages. Aging affects all, not only because the young eventually become old, but because everyone interacts with older people. Knowing how to identify and calm an elder with dementia, recognizing the signs of isolation, mental illness, and financial exploitation, or knowing what questions to ask when hospitalized can make all the difference. This is also true when it comes to counseling and support groups, or how to make your own Advance Directive, or perhaps just knowing who to refer to in a situation. Whether it is a grandparent, coworker, or neighbor that is an older adult in need, everyone could benefit from knowing more.

We hope that the data and strategies included in this plan will not only affect the lives of older adults on O'ahu, but everyone who will someday interact with an older adult in their life. It is not enough to know that there are services for elders in need, but to also be aware of how you as an individual can contribute or help an elder that you are concerned about.

Sincerely,

A handwritten signature in black ink, appearing to read "Kirk Caldwell", is written over a horizontal line.

Kirk Caldwell
Mayor

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Verification of Intent

This Area Plan on Aging is hereby submitted for the City and County of Honolulu's Elderly Affairs Division for the period October 1, 2019 – September 30, 2023. It includes all assurances and plans to be followed by the City and County of Honolulu's Elderly Affairs Division under the provisions of the Older Americans Act, as amended, during the period identified.

The Area Agency identified herein will develop and administer the Area Plan on Aging in accordance with all requirements of the Act and related State Policies and Procedures. In accepting this authority, the Area Agency agrees to develop a comprehensive and coordinated system of services, and to serve as an advocate, for people age 60 and above, persons with disabilities and caregivers in the planning and service area.

The Area Plan has been developed in accordance with the guidance issued by the State Executive Office on Aging and is hereby submitted to the State Executive Office on Aging for approval.

_____ Date _____
Derrick Y. Ariyoshi, County Executive on Aging

The Honolulu Committee on Aging for the City and County of Honolulu has had the opportunity to review and comment on the Area Plan on Aging.

_____ Date _____
Claire Shimabukuro, Chair
Honolulu Committee on Aging

The governing body of the Area Agency has reviewed and approved the Area Plan on Aging.

_____ Date _____
The Honorable Kirk Caldwell, Mayor of the City and County of Honolulu

Executive Summary

Hawai'i has one of the fastest growing elderly populations in the nation, with a growth rate of 26% from 2007 – 2017 (US Census, 2018). The majority of Hawai'i's older adults reside in Honolulu County, roughly 66%, and make up more than one-fourth of the county's population. This has led to increases in older adults who live alone, have incomes below poverty, live in rural areas, and have a disability. In addition, Honolulu County has a higher rate of older adults who are limited English proficient, as compared to the State of Hawaii.

The Elderly Affairs Division (EAD) is a leader relative to all aging issues and is responsible for assessing and understanding the needs of older adults, determining the types and amounts of services that are funded through federal and state funds and monitoring the provision of those services, while evaluating the efficiency and effectiveness of services delivered. The Elderly Affairs Division is within the Department of Community Services of the City and County of Honolulu. EAD has been the designated Area Agency on Aging (AAA) for O'ahu since 1973, and is also the sponsoring agency for Honolulu's Aging and Disability Resource Center (ADRC).

The Four-Year Area Plan on Aging is the blueprint for EAD to create an accessible, age-friendly, person-centered, and caregiver supportive community that encourages active and healthy living across the aging continuum. It also serves as the compliance document which enables the City and County of Honolulu to receive funding from the Administration for Community Living and the State of Hawaii Executive Office on Aging. The plan covers the period of four years, October 1, 2019 – September 30, 2023, and was developed according to the guidance issued by the State of Hawai'i Executive Office on Aging and the five established statewide goals.

1. Aging Well
2. Strategic Partnerships and Alliances
3. Aging and Disability Resource Center
4. Long Term Services and Supports
5. Elder Safety and Justice

The strategies and objectives outlined in the plan are based on the feedback received from community surveys, key informant interviews, focus group respondents, and staff of the EAD, and is best understood in the context of a vision framework formed around the goals outlined by the State of Hawaii's Executive Office on Aging. The vision is that older adults are able to live with dignity, with choice and purpose in an age-friendly environment, and are able to access an array of information and supports that are person-centered, useful and timely along the aging continuum. In addition to working on the already established programs under the Older Americans Act and those funded by the state, EAD will be focusing on the following areas of concern and opportunities in the next four years:

- Collaborate with public and private agencies to develop additional housing options, nutrition programs, financial literacy programs, respite options, and access to affordable health care options.
- Explore and pilot different type(s) of service delivery models to meet the needs of older adults and combat loneliness, such as village concept, and intergenerational models.
- Coordinate with agencies that EAD is not currently engaged with to increase the options available to seniors.
- Re-evaluate and incorporate community feedback on how EAD authorized services are targeted and prioritized, especially for services with waitlists.
- Increase public education and awareness of EAD and the ADRC as a resource for information, assistance and access to long term services and supports.
- Collaborate with interested partners to develop a coordinated advocacy effort, based on the needs of older adults and caregivers in our community.

EAD is committed to administering the programs, and its relative funding, in accordance with the Older Americans Act, Administration for Community Living, and State of Hawaii Executive Office on Aging, and the City and County of Honolulu.

Introduction

Orientation to the Area Plan on Aging

The Four-Year Area Plan on Aging provides a framework by which the Elderly Affairs Division will create an accessible, age-friendly, person-centered, caregiver supportive community that encourages active and healthy aging. The plan describes the functions of the local Area Agency on Aging, presents relevant demographic data, and outlines the major goals and objectives to be achieved between 2019 and 2023.

This Area Plan is a document submitted by the Area Agency on Aging to the Executive Office on Aging in compliance with the Older American's Act and for the receipt of sub-grants or contracts from the Executive Office on Aging's federal and state grant programs. It contains the Area Agency's strategy for the development and implementation of a coordinated system for long-term care in-home and community-based settings. The mechanisms used will be executed in a manner responsive to the needs and preferences of older individuals and their family caregivers, and in accordance with all federal and state requirements. The period of time covered by this plan is October 1, 2019 to September 30, 2023.

There are five major goals in this Plan. They are listed below:

GOAL 1: Aging Well

Maximize quality opportunities for seniors to age well, remain active and enjoy quality lives while engaging in their communities.

GOAL 2: Strategic Partnerships and Alliance

Forge strategic partnerships and alliances that will give impetus to meeting Hawai'i's greatest challenges for the aging population.

GOAL 3: Aging and Disability Resource Center (ADRC)

Develop a Statewide ADRC system for Kūpuna and their 'Ohana to access and receive long term support services information and resources within their respective counties.

GOAL 4: Long Term Services and Support

Enable people with disabilities and older adults to live in the community through the availability of and access to high-quality long-term services and supports including supports for families and caregivers.

GOAL 5: Elder Safety and Justice

Optimize the health, safety and independence of Hawai'i's older adults.

Overview of the Aging Network

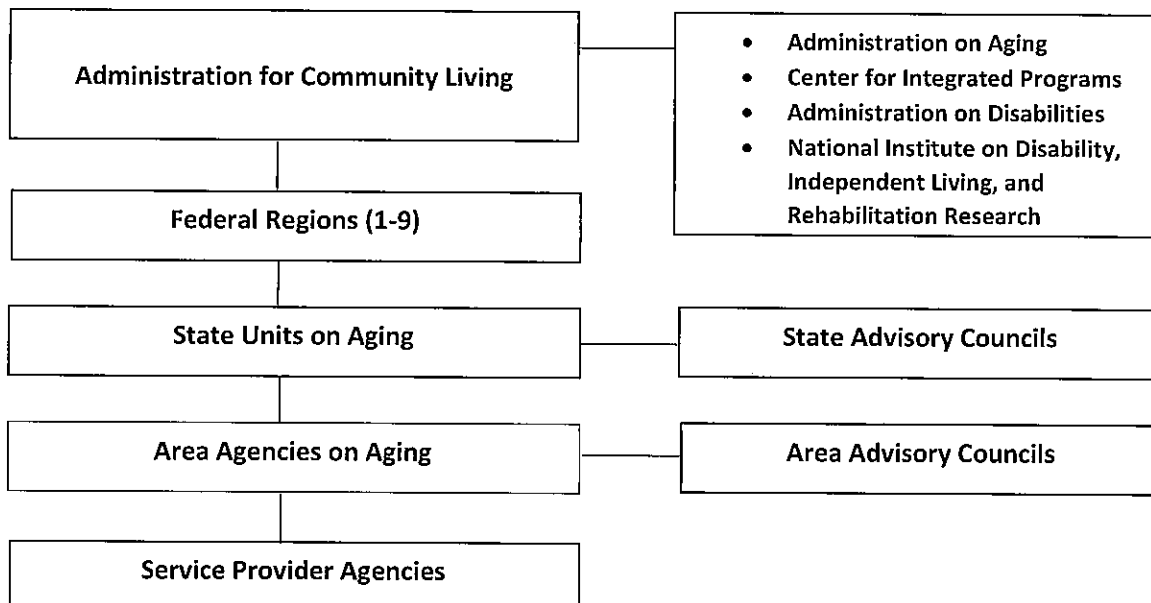
The Older Americans Act, passed by Congress in 1965, established a social and nutrition services program for America's older adults. State and Area Offices on Aging were also established and a nationwide "Aging Network" was created. The purpose of this "Network" is to assist older adults to meet their physical, social, mental health and other needs as well as to maintain their well-being and independence.

The Federal Administration for Community Living (ACL) provides leadership, expertise and framework on program development, advocacy and initiatives affecting older adults, persons with disabilities, their families and caregivers. The Administration on Aging is a unit within ACL, and they work closely with the regional offices, state and area agencies on aging, tribal grantees and community service providers, to plan, manage, develop and raise awareness of comprehensive and coordinated systems of long-term services and supports that enable older adults to maintain their health and independence in their homes and communities.

The ACL awards Older Americans Act (OAA) funding for nutrition and supportive in-home and community-based services for disease prevention and health promotion, elder rights, and the National Family Caregiver Support Program. The State of Hawaii's Executive Office on Aging works closely with the City and County of Honolulu's Elderly Affairs Division (EAD) to administer the OAA funds.

The following table provides a visual representation of our organizational structure.

National Aging Network on Aging



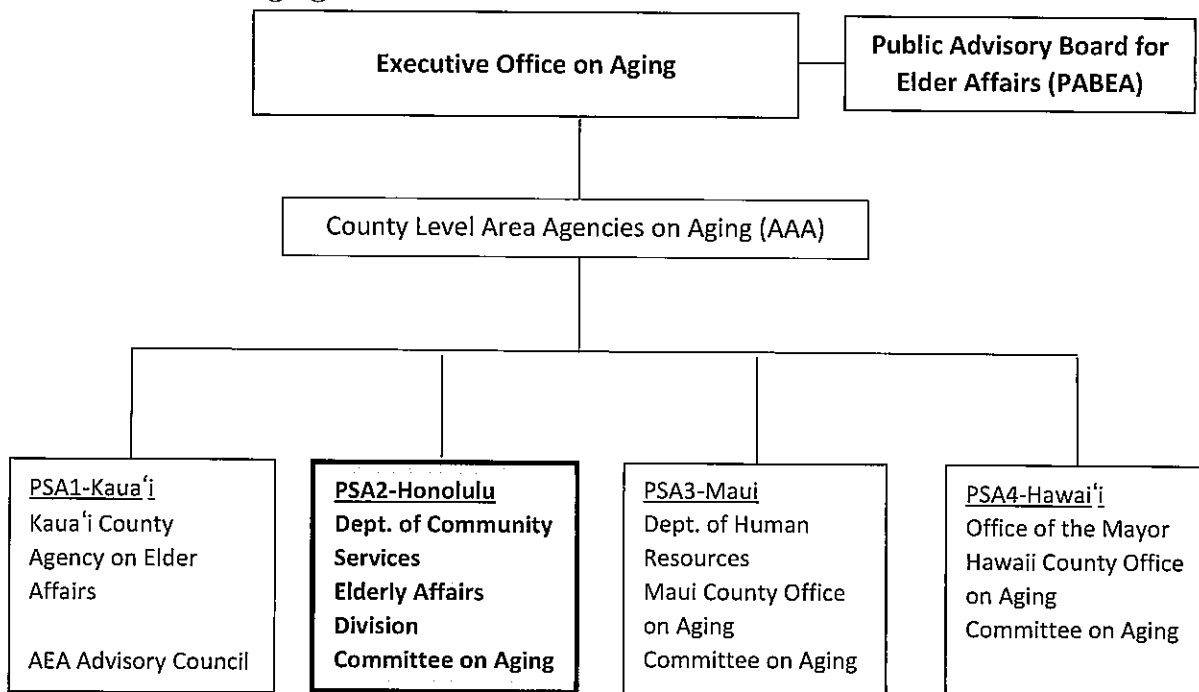
The Executive Office on Aging is the designated State Unit on Aging, and lead agency in the Aging Network, representing the State level. The 2016 reauthorization of the Older Americans Act requires all State Units on Aging to plan for and offer leadership to the State and local levels in order to coordinate a statewide system to increase access and delivery of in-home and community-based services to older adults, and their caregivers.

The Executive Office on Aging is responsible for the Statewide:

- Planning
- Policy and program development
- Advocacy
- Research
- Information and referral
- Coordination of services provided by public and private agencies for seniors, persons with disabilities and caregivers.

As part of their function, the Executive Office on Aging has delineated the State into distinct planning and service areas for purposes of local level planning, development, delivery and overall administration of funding and services. The state has, therefore, designated each of the Counties of the State – namely, Kauaʻi, Honolulu, Maui, and Hawaiʻi – as planning and service areas. Kalawao County, on the island of Molokaʻi, is currently under the administrative jurisdiction of the State Department of Health, and included in the Maui Planning and Service Area.

State Network on Aging



Chapter 349 of the Hawaii Revised Statutes established the Policy Advisory Board for Elder Affairs which assists the Executive Office on Aging by:

- Advising on the development and administration of the State Plan on Aging
- Conducting public hearings on the State Plan on Aging
- Representing the interests of older persons
- Reviewing and commenting on other State Plans, budgets and policies which affect older persons

The Area Agency on Aging is the agency designated by the Executive Office on Aging to develop and administer the Area Plan on Aging for the planning and service area.

The Department of Community Services, Elderly Affairs Division is the lead agency in the Aging Network for the City and County of Honolulu's planning and service area representing the entire island of O'ahu.

Organizational Structure

Overview of the Elderly Affairs Division

The Elderly Affairs Division (EAD) is within the Department of Community Services of the City and County of Honolulu. EAD has been the designated Area Agency on Aging (AAA) for O'ahu since 1973 and is also the sponsoring agency for Honolulu's Aging and Disability Resource Center (ADRC), the single point of entry for individuals to access long-term services and supports, and is responsible to perform intakes, options counseling, assessments, eligibility determination, support planning, case management and authorizing services.

Mission:

Develop a comprehensive and coordinated system of services that assists older adults in leading independent, meaningful and dignified lives in their own homes and communities for as long as possible.

EAD coordinates advocacy efforts on behalf of older adults, encourages partnerships to improve and expand services, and contracts with agencies to provide services to seniors and caregivers. The types of services contracted include:

- Personal Care, Homemaker and other assistance for frail, homebound elders
- Adult Day Care and Health
- Home Delivered and Congregate Meals
- Housing and Legal Information and Assistance
- Transportation
- Caregiver Respite, Support and Education
- Health Promotion
- Senior Centers

The Information and Assistance Section of EAD offers the following:

- Elderly Affairs Helpline and Aging and Disability Resource Center (ADRC) for telephone consultation (768-7700), information and referral to services available for older adults, family caregivers and people with disabilities
- Assessments of frail and homebound elders
- Case Management
- Speakers, event exhibits, publications, website
- Volunteer opportunities for active seniors (RSVP Program)

To carry out its mission, the Elderly Affairs Division implements activities defined in the Older Americans Act, as reauthorized in 2016, specifically those listed in section 306(a)(6)(A-S) and 306(a)(13)(A). These activities are listed in Appendices – Assurances – General and Program Specific Provisions and Assurances.

Advisory Council

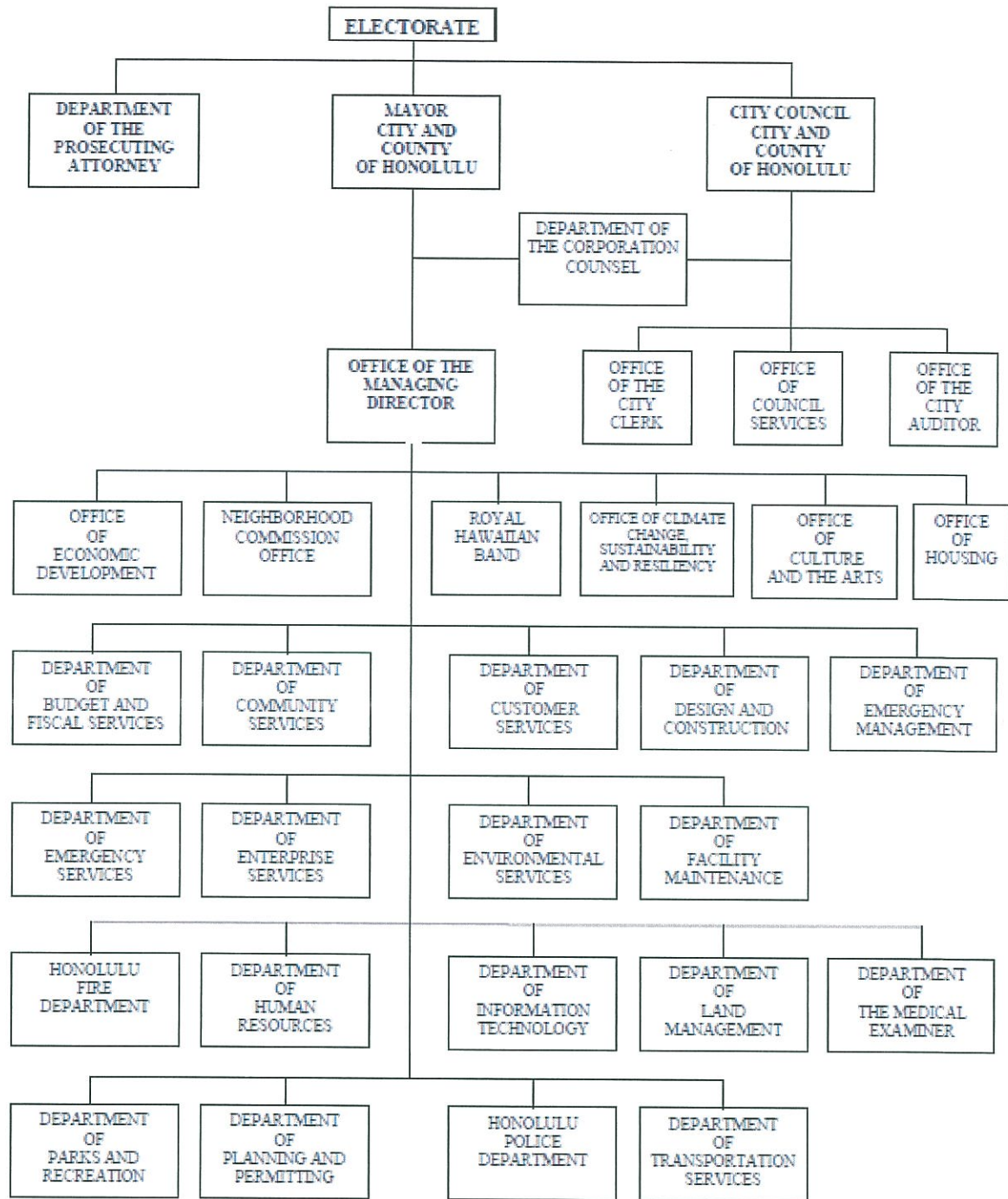
Each Area Agency on Aging establishes an advisory council to advise the agency on the development, administration, and operations conducted under the Area Plan, as a requirement of the Older Americans Act 306(a)(6)(D). Members are appointed by the Mayor of the City and County of Honolulu, “to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan.”

The purposes of the Honolulu Committee on Aging are:

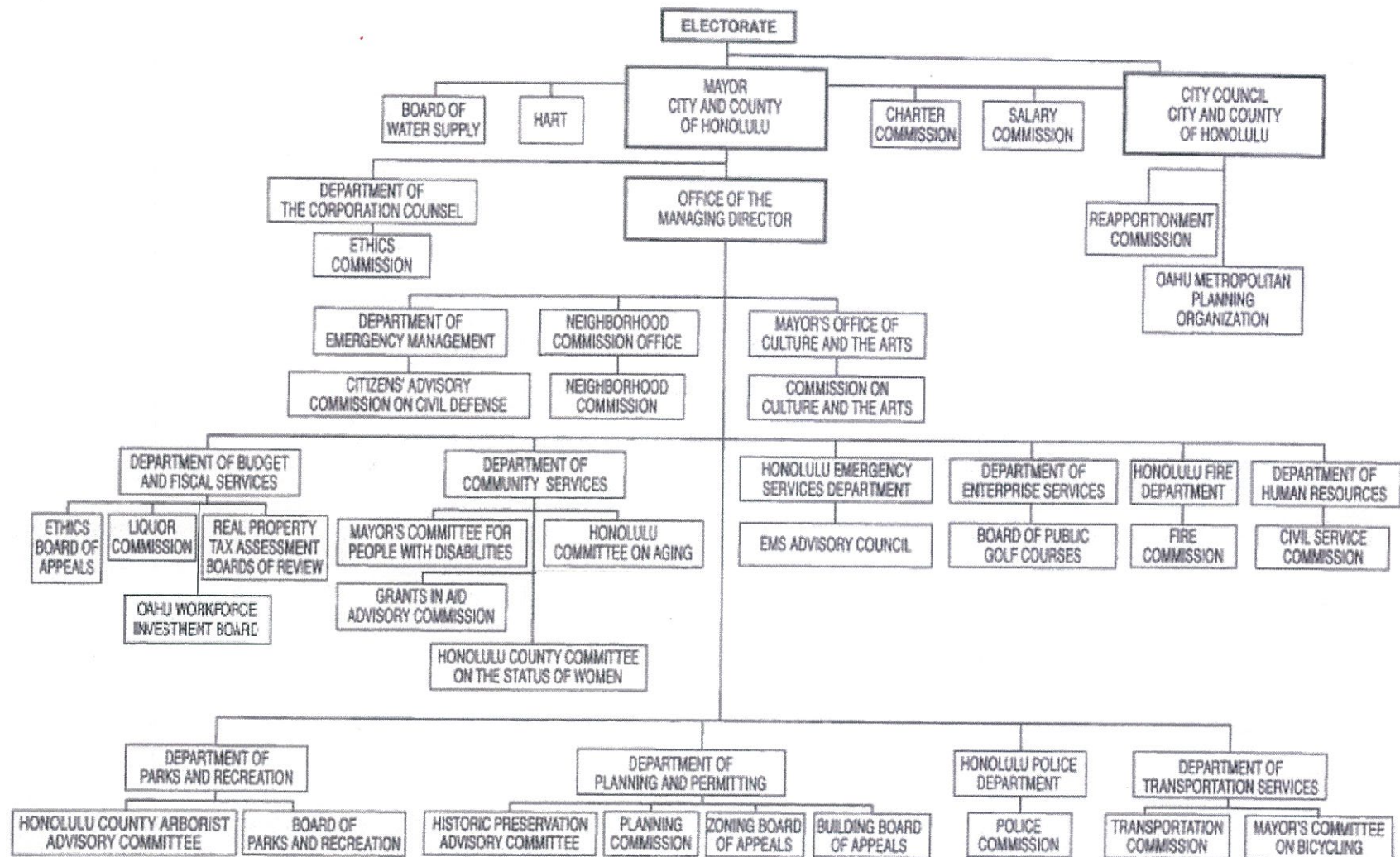
1. To advise the Mayor on matters pertaining to older adults in the City and County of Honolulu.
2. To advise the Elderly Affairs Division on all matters relating to the development, administration, and implementation of its area plan.
3. To endeavor for the widest possible citizen participation in its efforts to help identify and address concerns related to the older adult population.
4. To help collect and share information with the State Executive Office on Aging and the Elderly Affairs Division, as requested or needed.
5. To foster public awareness and cooperation among community members and groups towards the development and support of opportunities that enable older adults to live to their fullest capacity in their homes and communities.
6. To advocate on matters pertaining to the older adults in accordance with priorities established by the Honolulu Committee on Aging.
7. To assist in the studies, programs, and initiatives of the Elderly Affairs Division.

To otherwise serve as the local advisory council for the Elderly Affairs Division, as the Area Agency on Aging, in accordance with the federal regulations of the Older Americans Act of 1965, as amended.

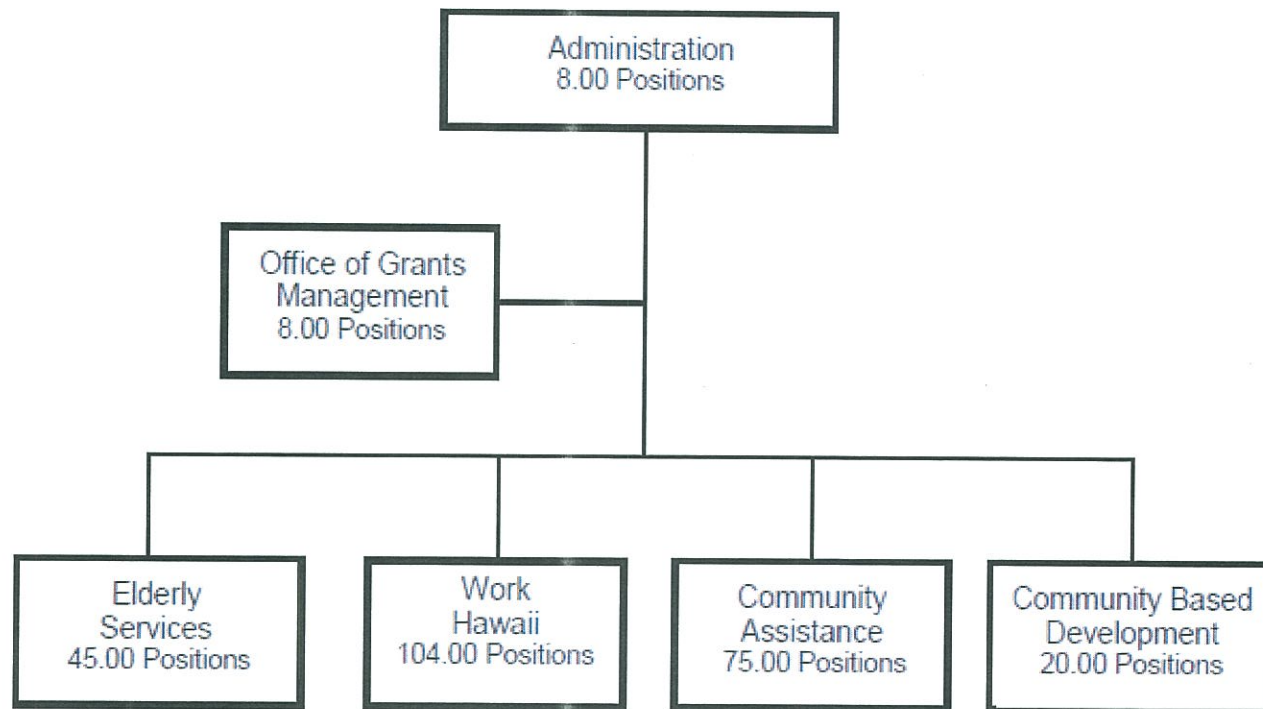
City and County of Honolulu Organizational Chart



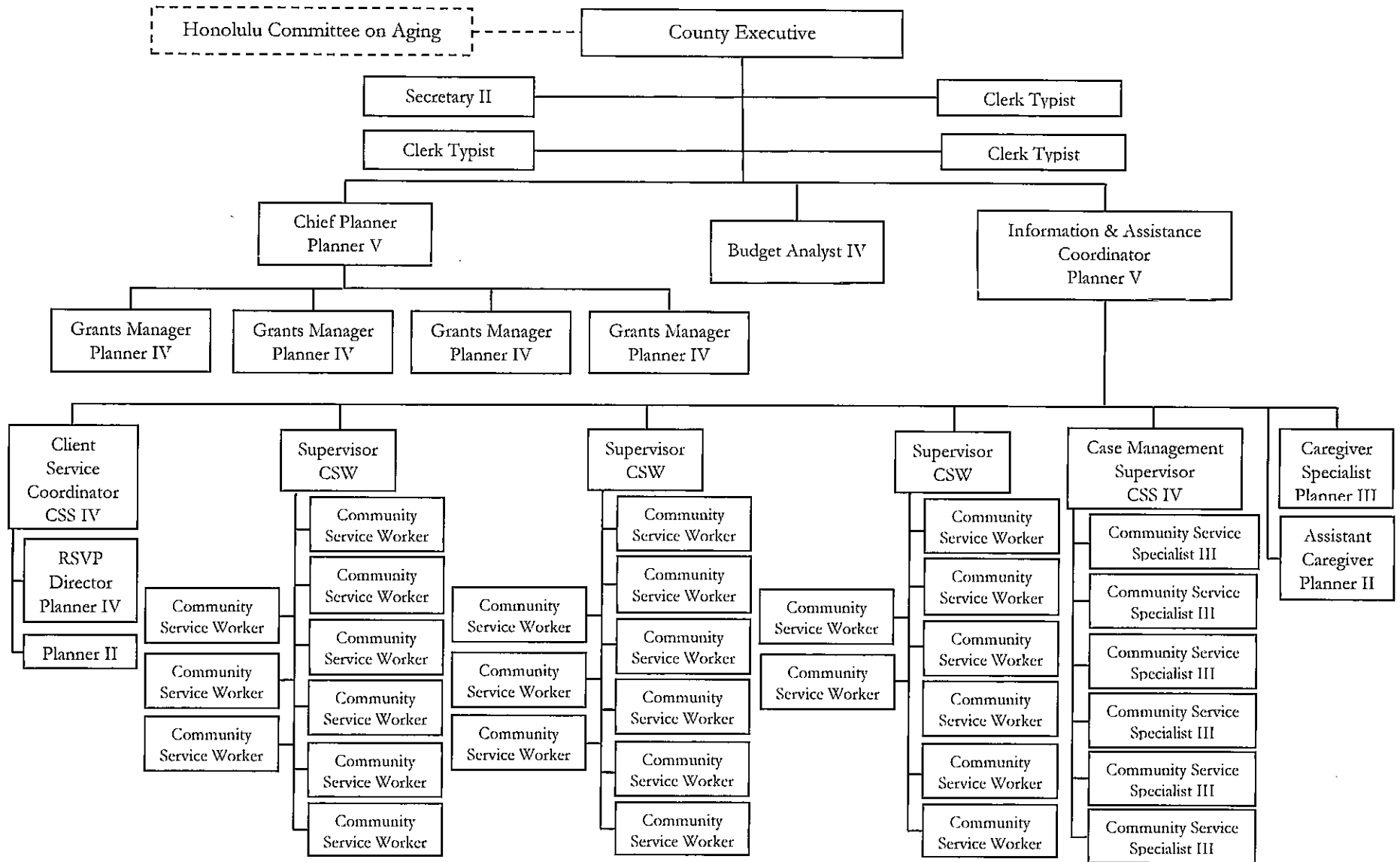
City and County of Honolulu Boards, Commissions, and Advisory Bodies



City and County of Honolulu Department of Community Services



City and County of Honolulu Elderly Affairs Division



Local Aging Network

This chart outlines the service provider agencies that had a contract with the Elderly Affairs Division in state fiscal year 2018 (July 1, 2017 – June 30, 2018).

City and County of Honolulu – Elderly Affairs Division

SENIOR CENTERS

Catholic Charities Hawaii
(Lanakila Multi-Purpose Senior Center)
Mo`ili`ili Community Center

CASE MANAGEMENT

Child and Family Service

TRANSPORTATION

Catholic Charities Hawaii
Kokua Kalihi Valley

MEALS

Keiki to Kupuna
Lanakila Pacific
(Lanakila Meals On Wheels)
Hawaii Meals On Wheels
Palolo Chinese Home

HEALTH MAINTENANCE

Child & Family Service
(Honolulu Gerontology Program)
Kokua Kalihi Valley
(Elderly Care Program)

ADULT DAY CARE

Arcadia Elder Services
Franciscan Care
Hale Hauoli Hawaii
Hawaii Health Systems Corporation
Kahala Senior Living
Lunalilo Home
Malama Adult Day Care Center
Palolo Chinese Home
The Salvation Army
Seagull Schools
Windward Seniors Day Care

REACH PROGRAM

Child and Family Service

COUNSELING

Catholic Charities Hawaii
(Lanakila Multi-Purpose Senior Center)
Kokua Kalihi Valley
(Elderly Care Program)
Mo`ili`ili Community Center

LEGAL ASSISTANCE

University of Hawaii Elder Law Program

CAREGIVER SUPPORT

Alzheimer's Association Aloha Chapter
Child & Family Service
(Honolulu Gerontology Program)
Hawaii Family Services, Inc.
Kokua Kalihi Valley
(Elderly Care Program)
Project Dana
University of Hawaii Elder Law Program

IN-HOME SERVICES

Franciscan Care
Hookele Care at Home
Kokua Kalihi Valley
(Elderly Care Program)
Lanakila Pacific
(Workforce Resources)
St. Francis Community Health Services
Waikiki Health Center
(Waikiki Friendly Neighbors Program)

HOUSING ASSISTANCE

Catholic Charities Hawaii
WorkHawaii

Planning Process

For over thirty years, the Elderly Affairs Division, the designated Area Agency on Aging for the City and County of Honolulu, has been charged with the design and delivery of a coordinated system for home and community based services. Meaning it is responsible for assessing the needs of the community's older adult and caregiver population, in order to determine the types and amounts of services to be offered, and to continually evaluate the effectiveness of the overall system and services.

Purpose

The purpose of this planning process is to determine the needs of older adults, their families and caregivers, while being inclusive of our diverse community and using a variety of quantitative and qualitative methods. The information collected from our community will be the driving force for the Area Plan, and provide the blueprint to develop appropriate strategies for the Elderly Affairs Division and Aging Network.

Process and Timeline

The Elderly Affairs Division established a planning timeline and work plan to plan and develop the Area Plan, and was in alignment with the State Executive Office on Aging – State Plan timeline beginning July 2018.

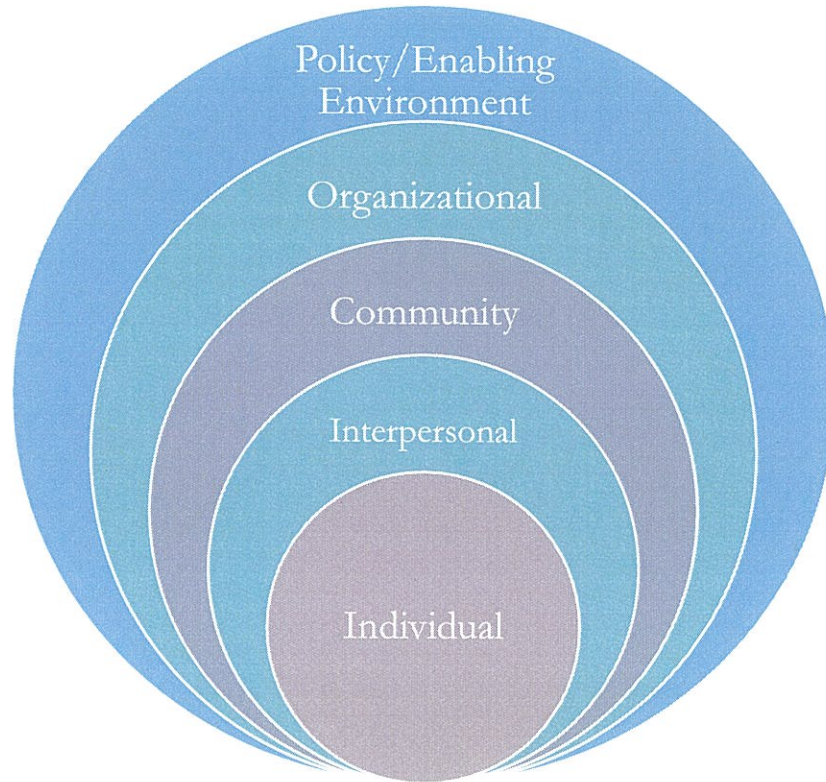
- Planning meetings, coordinated by the Executive Office on Aging, addressed topics such as the overall planning process, data resources, uniformity of statewide goals, and review.
- Preliminary data collection and analysis of federal, state and local secondary data sources, such as the U.S. Census, State of Hawaii Behavioral Risk Factor Surveillance System, Department of Business, Economic and Tourism Development, the Administration on Aging, Elderly Affairs Division – WellSky database, etc.
- Development of needs assessment methodology, and focus group and survey tools.
- Surveys were planned, coordinated and conducted, to gather information from older adults, caregivers, community organizations and advocates, and policy makers.
- Focus groups were coordinated and conducted with a variety of age group and language communities and caregivers.
- Key informant interviews were conducted with community organizations, advocates and policy makers.
- Public hearing notices and request for written comments.

Social Ecological Model

The Elderly Affairs Division adopted and utilized the Social Ecological Model as a framework through the planning process. It is a method to understand the complex and interactive effects of personal and environmental factors that impact an individual's behaviors, and for identifying ways

an organization can affect behavioral change on the various factors and influences on an individual or community.

There are five nested levels that influence individual behavior;



- **Individual:** Characteristics of an individual that influence behavior change, such as knowledge, attitudes, and behavior.
- **Interpersonal:** Formal and informal social networks and support systems that can influence individual behaviors, including family, friends, caregivers, peers, traditions, etc.
- **Community:** Relationships among organizations, institutions, such as built environment, associations, and businesses.
- **Organizational:** Organizations or social institutions with rules and regulations for operations that affect how or how well services are provided to a group, including older adults and caregivers.
- **Policy/Enabling Environment:** Local, state, national and global laws and policies, including those that allocate resources, restrictive policies, or lack of policies.

Public Hearings and Request for Comments

Notice of public hearing and request for comments was advertised March 1, 2019, inviting the public to provide comments on the proposed Area Plan on Aging through oral or written testimony.

A total of five public hearings were held on the following dates, times and locations:

Monday, March 18, 2019

9:30am – 10:30am

Wai'anae District Park

85-601 Farrington Highway, Wai'anae, O'ahu

Tuesday, March 19, 2019

9:30am – 10:30am

Pearl City District Park

785 Ho'oma'ema'e Street, Pearl City, O'ahu

Thursday, March 21, 2019

9:30am – 10:30am

Kīlauea District Park

4109 Kīlauea Avenue, Honolulu, O'ahu

Friday, March 22, 2019

9:30am – 10:30am

Asing Community Park

91-1450 Renton Road, 'Ewa Beach, O'ahu

Wednesday, March 27, 2019

9:30am – 10:30am

Kāne'ohe District Park

45-660 Kea'ahala Road, Kāne'ohe, O'ahu

An electronic version of the proposed Area Plan on Aging was posted on the Elderly Affairs Division website at www.elderlyaffairs.com, and a hardcopy version was made available for review at the Elderly Affairs Division office located at Kapalama Hale beginning March 1, 2019. The Elderly Affairs Division accepted written and oral comments until 4:30pm on March 31, 2019.

Overview of the Older Adult and Caregiver Population

Population Growth and Life Expectancy

The trends of the aged are changing drastically and quickly. During the period between 2010 and 2030, the United States will see its greatest increase in older adults, at 75%. This is due to the baby-boomer generation – persons born between 1946 and 1964 – becoming of age and qualifying for social security and services, under the Older Americans Act. In addition, the “oldest-old” – persons age 85 years and older – is the fastest growing age group in the country. It is expected to double in size by the year 2025, and quadruple by 2050 (Mui, 2009). These trends will continue to have an impact on how the Aging Network plans for programs and services supported by the Administration for Community Living and the State Executive Office on Aging.

Hawai‘i has one of the fastest growing elderly populations in the country. Between 2000 and 2010, the number of persons aged 60 years and older, increased by 27%, where only a 19% increase nationwide. However, of the last ten years (2007 – 2017) the growth rate difference has started to level out, as both the US and Hawai‘i had a 26% increase in their elderly population. Currently in the state of Hawaii, nearly one in four people are age 60 years and older.

Table 6.1: Older Population – Hawai‘i v. Honolulu County (Percent Change)						
	Hawai‘i			Honolulu County		
	2007	2017	% Change	2007	2017	% Change
Total Population (All Ages)	1,283,388	1,427,538	10.0	905,601	988,650	8.0
Number of Residents						
60 years and over	251,544	342,034	26.0	181,120	225,537	20.0
65 years and over	184,808	256,750	27.0	134,028	170,688	21.0
85 years and over	26,951	36,527	26.0	19,923	28,345	30.0
Percent (%) of Residents						
60 years and over	19.6	24.0	--	20.0	22.8	--
65 years and over	14.4	17.8	--	14.8	20.6	--
85 years and over	2.1	2.6	--	2.2	2.9	--

(US Census, 2018)

The majority of older adults live in Honolulu County, roughly 66%, and make up more than one-fourth of Honolulu County’s total population. Between 2007 and 2017, as depicted in Table 6.1, the elderly population in Honolulu County continued to grow at a faster rate relative to the overall total population. The same table shows that the “oldest-old” age group saw the largest population rate increase at 30%, while the same population group grew only 26% in Hawai‘i and 18% nationally. More than 77% of the Hawai‘i’s “oldest-old” age group resides in Honolulu County. According to

the Department of Business, Economic Development and Tourism, the aging population will continue to have an annual growth rate of 3.3%, until 2030 (DBEDT, 2018).

Life Expectancy

From 1910, the life expectancy in the United States has consistently increased from 50 to 78.7, nearly 30 year (Hawaii Health Information Corporation, 2006). Around 1940 – 1950 is when Hawai'i surpassed the national life expectancy. Most recent data in Table 6.2 shows Hawai'i's life expectancy was 82.4 years – 3.7 years over the national life expectancy of 78.7. Following the national trend, women in Hawai'i tend to live longer than men; it is estimated that women live nearly six and a half years longer.

Table 6.2: Life Expectancy at birth by Ethnicity in Hawai'i, 1950 - 2010						
Year	Caucasian	Chinese	Filipino	Hawaiian	Japanese	Total
1950	69.2	69.7	69.1	62.5	72.6	69.5
1960	72.8	74.1	71.5	64.6	75.7	72.4
1970	73.2	76.1	72.6	67.6	77.4	74.2
1980	75.8	81.7	79.3	71.8	80.9	77.9
1990	75.5	82.9	78.9	74.3	82.1	78.9
2000	79.0	86.1	80.9	74.3	82.8	80.5
2010	80.6	87.7	84.3	76.6	84.7	82.4
Male	78.3	85.3	80.8	73.9	81.2	79.2
Female	83.4	90.0	88.1	79.4	88.0	85.6

(Wu et. Al, 2017)

As depicted in Table 6.2, the average life expectancy also differs among ethnicities in Hawai'i. The most recent data shows that Chinese and Japanese live the longest, 87.7 and 84.7 years respectively, while Native Hawaiians have the lowest life expectancy at 76.6 years. In addition, Honolulu County has the longest life expectancy, with women and men living until 84.1 and 78.6 respectively (Institute for Health Metrics and Evaluation, 2018).

Population Projections

Research states that there are several reasons for this drastic increase in older adults, some of which include 1) advances in the medical field, 2) high fertility rates in the past (baby-boomer generation), 3) decrease in present fertility rates, and 4) increased out-migration of younger people with an increase in-migration of older people (Mui, 2009). With increasing longevity, the older adult population is projected to continue increasing. Table 6.3 shows that between 2010 and 2045, Honolulu County's older adults aged 60 years and older will increase roughly 40%, and the age group of "oldest-old", aged 85 years and above, will increase 67%.

Table 6.3:
Population Projection of Older Adults, 2010 - 2045

	% of Residents aged 60+		% of Residents aged 85+	
	Hawai'i	Honolulu County	Hawai'i	Honolulu County
2010	20.6	20.4	2.3	2.4
2020	25.3	24.2	2.9	3.0
2030	27.9	27.1	3.6	3.7
2040	28.8	28.6	5.5	5.7
2045	29.3	29.5	6.5	6.4

(Department of Business, Economic Development and Tourism, 2018)

Generational Differences

Planning for aging has become more difficult trying to balance the needs of multiple generations. Generations are broad generalizations based on an individual's age and the year they were born. It's assumed that as a collective, those born around the same time would have similar likes, dislikes, beliefs, and attributes because they have had collective experiences, therefore similar ideals. The Baby Boomer generation, those born between 1946 – 1964 started hitting retirement age in 2006, and it has started to change the way the Aging Network plans and approaches programming for older adults. As compared to their predecessors – the GI (1901 – 1924) and Silent Generation (1925 – 1945), the Baby Boomer generation want to have purpose, value individual choice, and tend to be more outspoken about what it is they want and expect. This is said to be due to the opportunities they had, as compared to their parents (Grundy et. al, 2006).

Health Care Costs

The rapidly growing older adult population has led to increased health care expenditures. Between 2002 and 2010, personal health care spending for older adults increased to \$744 billion in 2010, a 6% increase. For the period 2008 – 2010, “spending increased an average of 5% for older working-age adults, which was 1.6 times faster than the spending growth rate for younger working-age adults” (Lassman et. al., 2014). According to the Center for Medicare and Medicaid Services (2012), this upward trend is anticipated to continue as the baby boomer generation hits the retirement age of 65, and increased life expectancy rates.

Older Adult Demographic Outlook

Ethnic Composition

In comparison to the nation, Hawai'i is more ethnically diverse. As shown in Table 6.4, Asian Americans continue to represent the largest race category in Hawai'i, with an even larger proportion living in Honolulu County. According to the US Census, this group is primarily comprised of Chinese, Japanese, Filipino, Korean, and Vietnamese.

Table 6.4: Race and Ethnicity of Older Adult Population (in Percent), 60+ Years			
	US	Hawai'i	Honolulu County
White	82.8	28.4	19.7
Black and African American	9.4	0.6	0.7
American Indian/Alaska Native	0.6	0.2	0.1
Asian	4.2	53.0	62.3
Chinese	1.0	6.7	--
Japanese	0.3	27.4	--
Filipino	0.8	14.6	--
Korean	0.4	2.4	--
Native Hawaiian and other Pacific Islander	0.1	6.3	5.9
Other race	1.8	0.5	0.4
Two or more races	1.1	11.1	11.0

(US Census – ACS 2017, 2018)

Language Barriers

A limited English proficient person is an individual who does not speak English as their primary language, and who has a limited ability to read, speak, write or understand English. Limited English proficiency has a negative effect on older adults, and can severely impair access to health care and social services, and ultimately impact health status. It can also lead to lower participation in community engagement, volunteerism, employment and racial discrimination; therefore, older adults with limited English proficiency are more likely to have a poorer quality of life (NAPCA, 2017).

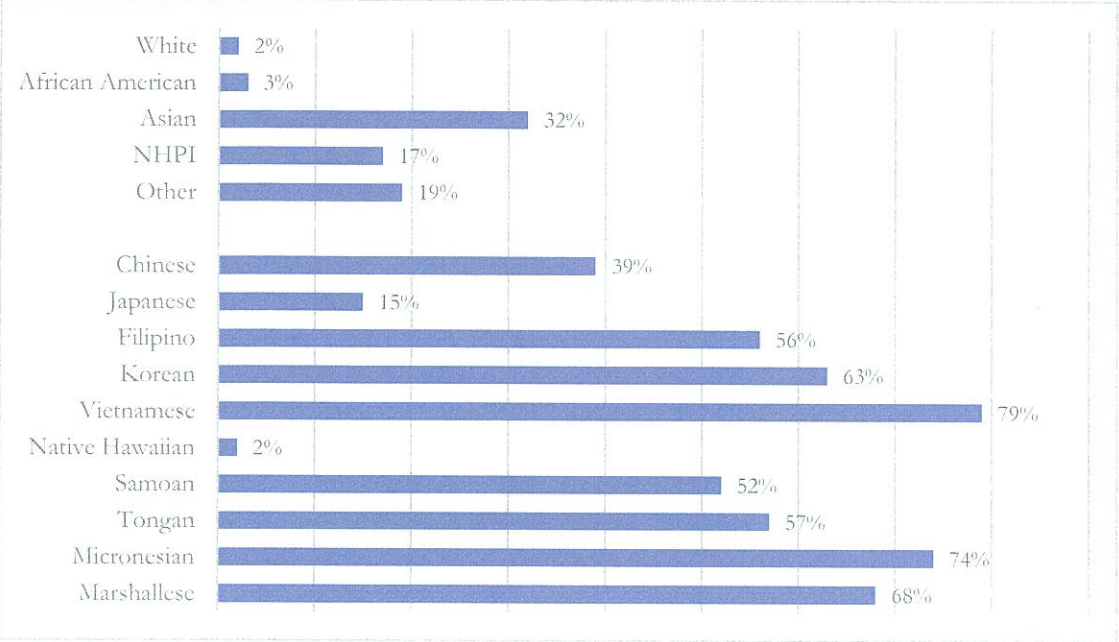
Table 6.5: Limited English Proficiency Percentage of Older Adults, 60+ Years			
	US	Hawai'i	Honolulu County
Speaks English Less Than "Very Well"	8.7%	17.5%	21.0%

(US Census – ACS 2017, 2018)

As shown in Table 6.5, Honolulu has a higher rate of older adults who speak English less than "very well", than the state of Hawaii. The Asian population, as a whole, has a higher proportion of older adults who have limited English proficiency. Of the Asian ethnic sub-groups, as seen in Figure 6.1, Vietnamese and Korean older adults have a higher rate of limited English proficiency, with 79% and 63% respectively. Of the Native Hawaiian and Pacific Islander ethnic sub-groups, the Micronesian

and Marshallese older adults have a higher rate of limited English proficiency, 74% and 68% respectively.

Figure 6.1:
Honolulu County Limited English Proficiency Rates for Older Adults, 65+ Years



(US Census – ACS 2017, 2018)

Low Income

Between 2010 and 2017, Honolulu County saw a 30% increase of older adults, 60 years and older, who are living below poverty.

Table 6.6: Honolulu County Poverty Levels of Older Adults, 60+ Years		
	Honolulu County	
	2010	2017
60+ Population	184,578	212,615
60+ Below Poverty	13,105	16,796
% of 60+ Below Poverty	7.1	7.9

(US Census – ACS 2010 - 2017, 2018)

Living Alone

Between 2010 and 2017, Honolulu County saw an increase of 17.6% of older adults, 60 years and older, who are living alone.

Table 6.7: Honolulu County Lives Alone Levels of Older Adults, 60+ Years		
	Honolulu County	
	2010	2017
60+ Population	184,578	212,615
Population Lives Alone	55,189	66,974
% Lives Alone	29.9	31.5

(US Census – ACS 2010 – 2017, 2018)

Rural

Persons living in a rural area are considered geographically isolated. The U.S. Census definition of “rural” is “not urban”. As shown in Table 6.8, Hawai‘i saw a 7.3% increase of older adults, 65 years and older, living in rural areas between 2009 and 2017. Unfortunately the Census does not provide additional datasets of older adults and rural areas, particularly those living in Honolulu County.

Table 6.8: Hawai‘i Percent of Rural Population, 65+ Years		
	2009	2017
Rural	12.0%	19.3%

* 2007 data on Rural Population was unavailable from the US Census. Earliest data available was 2009.

(US Census – ACS 2009 – 2017)

Disabilities

Between 2012 and 2017, Honolulu County saw an 11% increase in the number of older adults, 60 years and older, who are living with a disability.

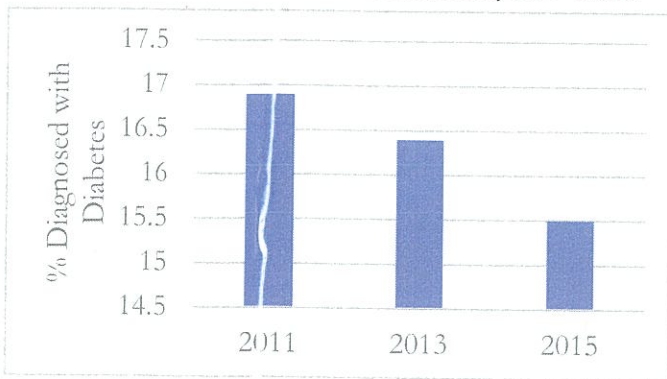
Table 6.9: Honolulu County Non-Institutionalized Older Adults with any Disability, 60+ Years		
	Honolulu County	
	2012*	2017
60+ Population	195,263	212,615
With any Disability	55,259	62,084
% With any Disability	28.3	29.2

* 2010 data on Disability Status was unavailable from the US Census. Earliest data available was 2012.

(US Census – ACS 2012 – 2017, 2018)

Figure 6.3:

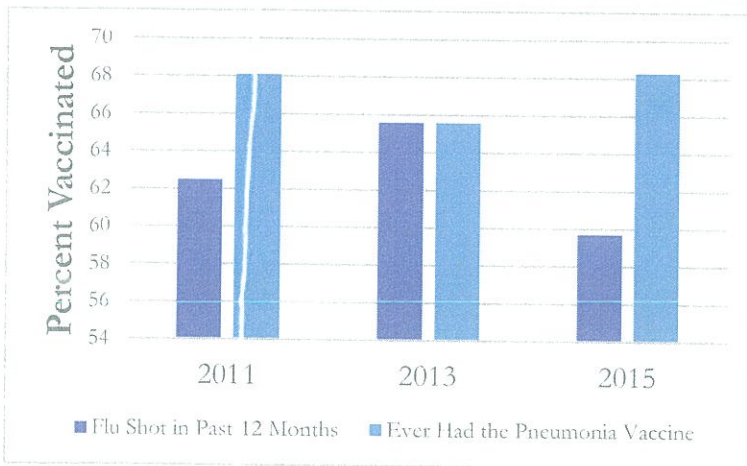
Hawai'i - Older Adults with Diabetes, 65+ Years



(Hawaii Department of Health – Behavioral Risk Factor Surveillance System, 2015)

Figure 6.4:

Hawai'i - Percent of Older Adults who Received Vaccines



(Hawaii Department of Health – Behavioral Risk Factor Surveillance System, 2015)

Caregiver Demographic Outlook

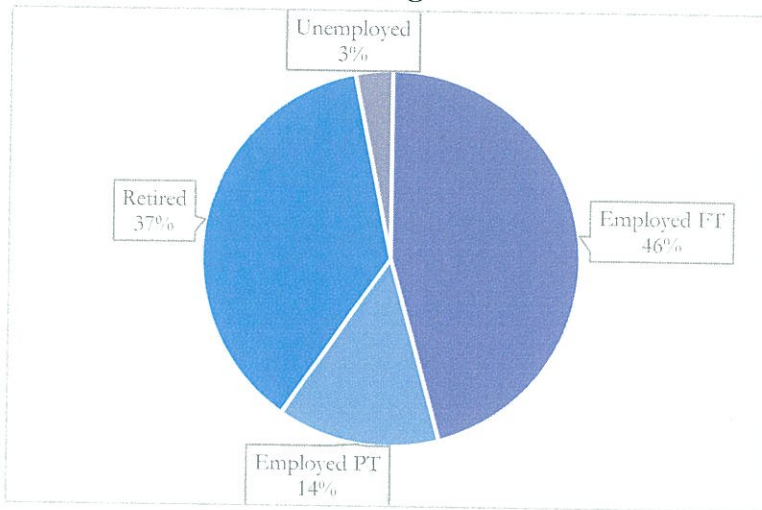
Family caregivers, sometimes referred to as informal caregivers, are those individuals who provide regular care or assistance, unpaid, to a family member or friend, who is 60 years of age or older. There are approximately 34.2 million family caregivers across the country, where 15.7 million are caring for someone diagnosed with Alzheimer's Disease or related disorder. The value of care from these informal caregivers is estimated to be approximately \$470 billion, and \$217.7 billion respectively.

According to AARP (2015), there were approximately 154,000 Hawai'i caregivers, providing 144 million hours of informal care valued at \$2.1 billion. Caring for a loved one is a role that is culturally revered, but can also be stressful and have unintended consequences. Approximately half of Hawai'i's caregivers reported feeling emotionally stressed trying to balance their family, caregiving and work. As seen in Figure 6.5, of the caregivers surveyed by AARP, 60% were employed either

full-time or part-time. The survey also indicated that nearly three-fourths of caregivers alter their work schedules or take time off to care for their loved one, and one-fourth reported having to reduce their hours or leave the workforce completely (AARP, 2014).

Figure 6.5:

Hawai'i – Work Status of Caregivers



(AARP, 2014)

Honolulu County Caregivers

The Elderly Affairs Division conducted its own survey of caregivers residing on the island of O'ahu. According to EAD's survey, the typical caregiver residing in Honolulu is a Japanese female, who is 65 years and older, retired, living in urban Honolulu with their parent (care recipient) and has been assisting with grocery shopping, meal preparation, transportation, housework/chores, and managing medication and finances, for the last three to five years. Almost all caregivers surveyed felt that it was important for their loved one to be able to remain at home to age in place.

Grandparents Living with and Responsible For Grandchildren

There is also a sub-group of older adults who are responsible for raising grandchildren, or children age 18 or below. Hawai'i has a large percent of grandparents living with grandchildren, than compared to the nation. According to the US Census (2018), as seen in Table 6.11, the prevalence of grandparents and grandchildren living under the same roof is more than twice as high in Honolulu County than the nation.

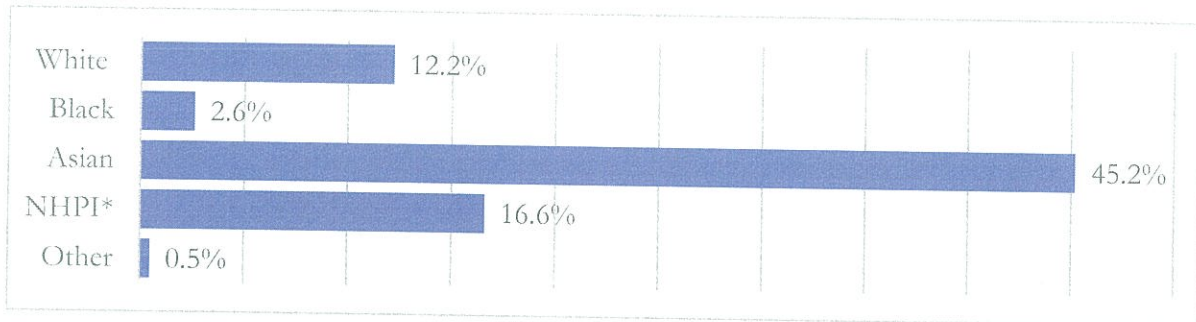
Table 6.11: Living with and Responsible for Grandchildren Percentages, 60+ Years			
	US	Hawai'i	Honolulu County
% Living w/ Grandchildren	5.5	11.4	12.4
% Responsible for Grandchildren	1.6	2.0	1.9

(US Census – ACS 2017, 2018)

In Honolulu County, Asian Americans and Pacific Islanders are more likely to be grandparents living with their grandchildren than other ethnic groups. Figure 6.6 shows the disaggregated race data of the 1.9% of older adults who are responsible for a child under the age of 18 in Honolulu County.

Figure 6.6:

Honolulu County - Percent of Older Adults Living with and Responsible for Grandchildren by Race, 60+ Years



(US Census – ACS 2013 - 2017 – 5 Year Estimates, 2018)

These grandparents are responsible for the basic needs of their grandchildren, such as food, shelter, clothing, day care, school supplies, etc. This can be a potential hardship if these grandparents are on fixed income, such as social security. According to the US Census (2018), more than half of Honolulu County's grandparents, responsible for grandchildren, are presently in the workforce.

Implications for Honolulu County

Honolulu County has a rapidly aging population, particularly for the “oldest-old” age group. This poses a number of opportunities and challenges over the next four years and beyond. With the steady increase in the number of older adults, and the fact that those in Honolulu County have a

longer life expectancy, the Elderly Affairs Division is challenged with having adequate resources to provide home and community based services to those older adults who need assistance to manage their care and age in place.

The majority of Hawai'i's older adults reside in Honolulu County, which is rich with cultural and language diversity. Those older adults who have limited English proficiency will need support and assistance to access information and services in order to age in place with dignity. Effective outreach and marketing is needed to target services to those who need it most, based on an established prioritization and targeting criteria.

Over the last few years, the local aging network and contracted service providers have voiced concerns regarding staffing shortages and the inability to hire qualified staff. The workforce capacity has not been able to keep up with the growing needs of seniors and to provide much needed respite to their caregivers. The Department of Labor and Industrial Relations (2017) also projects that the health and human services industry will have the largest percentage gain, approximately 9.5%, in job vacancies over the next ten years. New models and partnerships are needed to ensure that the needs of older adults in Honolulu County are met; models that can bridge gaps, leverage resources and synergize collaboration.

Caregivers need to be supported, so they can continue to care for their loved ones. Adequate support include respite and in-home supportive services, caregiver education and training, and one-on-one counseling and support groups. In addition, increasing support for grandparents raising grandchildren needs to be addressed, as they experience financial, physical and emotional challenges, particularly because they are missing out on an important part of the lifecycle: grand-parenthood.

Needs Assessment and Areas of Opportunities

The Elderly Affairs Division developed and coordinated a planning process to identify and determine the issues, challenges, and priority areas of concern, gaps, and the areas of opportunities for Honolulu County. The process incorporated a variety of needs assessment methods to obtain input from older adults, caregivers, additional age group communities (30 – 59), agencies, advocates, policy makers and Elderly Affairs Division staff members. These methods included surveys, key informant interviews, and focus groups.

Methodology¹

Survey

The Elderly Affairs Division developed the survey tool and contracted with Ward Research to survey older adults and caregivers on the island of O‘ahu. The methodology employed was a telephone survey of landline and cellphone calls. For landline calls, the sampling frame was generated at random using a random digit dialing program, including listed and unlisted telephone numbers, which helped promote an unbiased sample. For cellphone calls, a random cell sample was used from a national sampling house specialized in market sampling. In addition, the contractor used their Respondent Referral Database to assist in identifying caregivers. The survey was issued from September 21, 2018 to October 10, 2018.

Key Informant Interviews

The Elderly Affairs Division developed the interview instrument and contracted with Ward Research to conduct anonymous key informant interviews with various agencies, advocates and policy makers that service older adults and caregivers on the island of O‘ahu. Anonymity allowed the interviewee to be completely honest with their responses, without fear of ramifications. Key informant interviews were conducted over the phone on a one-on-one basis. The Elderly Affairs Division provided the contractor a list of agencies, advocates and all of ‘Oahu’s policy makers, all levels of government (federal, state and city). Postcards were mailed to all potential respondents, notifying them that Ward Research may be contacting them to schedule an interview. Interviews ran from 20 – 50 minutes in length. The key informant interviews were held anonymously from September 20, 2018 to October 5, 2018.

Focus Groups

Focus groups are a method of collecting qualitative data from a small group of “like” people. The intent is to learn about their perceptions, beliefs, behaviors, and practices about a topic or subject matter, and how to change these perceptions, beliefs and practices. It can also be used to gather feedback to develop strategic and vision planning.

¹ The Elderly Affairs Division conducted and complied with all the necessary procurement laws and regulations.

The Elderly Affairs Division contracted with Market Trends Pacific and Pacific Gateway Center to conduct a total of nine focus groups, five in English and four languages that are most prevalent in Honolulu County (Cantonese, Ilocano, Japanese and Korean). The Elderly Affairs Division developed and provided the contractors the focus group facilitator materials to ensure fidelity and consistency of the information collected. The focus groups consisted of at least eight participants, and had as many as 15 participants. Participants were recruited from a variety of outlets such as Craigslist posts, referrals and current clients of the Elderly Affairs Division.

Market Trends Pacific convened five focus groups, in English, at the Ala Moana Hotel on September 27 and 29, 2018, and Pacific Gateway Center convened four in-language focus groups at their office located on 'Umi Street. Each group lasted approximately 90 minutes.

Table 7.1: Types of Focus Groups Conducted by Date, Participants and Language			
Group	Date	# of Participants	Language
Age 60+	Sept 27, 2018, 9:00am	10	Cantonese
Age 60+	Sept 27, 2018, 12:00pm	8	Ilocano
Age 46 – 59	Sept 27, 2018, 5:30pm	10	English
Age 30 – 45	Sept 27, 2018, 7:30pm	10	English
Age 60+	Sept 28, 2018, 9:00am	9	Japanese
Age 60+	Sept 28, 2018, 1:00pm	8	Korean
Age 80+	Sept 29, 2018, 8:30am	15	English
Age 60 – 79	Sept 29, 2018, 10:30am	13	English
Caregivers (any age)	Sept 29, 2018, 1:30pm	10	English

The focus groups were to discuss and solicit information to fulfill the following objectives;

- Needs of Older Adults/Caregivers and Gaps in Service
 - Needs that are being met
 - Needs that are not being met
 - Implication of potential unmet needs
 - Gaps in Service
- Prioritization of Service
 - Factors for prioritization
 - Participants were asked to complete a prioritization worksheet
- Engagement Issues and Strategies
 - Issues that discourage participation
 - Engagement strategies that encourage participation
 - Awareness of the Elderly Affairs Division and services
 - Utilization of services
- Visioning

The various age groups were asked to approach the topics slightly differently, such as, younger participants were asked to respond to topics by anticipating their future needs, and caregivers were

asked to respond to topics by considering their own needs as caregivers, as opposed to those of their care recipients.

Senior Summit

In addition to the formal planning process, the Elderly Affairs Division held a Senior Summit in June 2017 at the Neal S. Blaisdell Center. The event convened and engaged professionals in the field of aging, older adults, and caregivers to identify and tackle the top four priority areas identified by the community. The Elderly Affairs Division conducted a short informal survey to determine the top four priority areas and the over 300 attendees used the Stanford University concept of Design Thinking to engage attendees to develop and test creative ways of improving the lives of older adults and their caregivers. The information and ideas developed through this event has been taken into account.

Overview of Findings

The community identified a variety of issues and challenges faced by older adults and caregivers. This section highlights the overall findings from the results of the surveys, focus groups, key informant interviews and the Senior Summit. For the purpose of this section, older adults are individuals who are 60 years of age or older.

Survey

Older Adults

The Elderly Affairs Division surveyed and received a total sample of 204 older adults' responses. (The maximum sampling error is +/- 6.8%). Table 7.2 provides a quick overview of the demographic profile of the older adult respondents. See the Appendices for the full report.

Table 7.2: Demographic Profile of Older Adult Respondents, n=204			
Age		Current Living Situation	
60 – 69 years	54%	Live Alone	26%
70 – 79 years	27%	Live with spouse/partner/significant other only	38%
80+ years	16%	Live w/spouse/partner/significant other & other relatives	19%
Refused	3%	Live with children only (no spouse)	9%
Gender		Live w/ relatives who are not spouse/children	3%
Male	45%	Live w/ non-relatives	3%
Female	55%	Refused	10%
Marital Status		Ethnic Identification	
Married	55%	Caucasian	20%
Widowed	20%	Chinese	8%
Divorced/Separated	15%	Filipino	17%
Never Married	8%	Hawaiian/Part-Hawaiian	6%
Refused	2%	Japanese	32%
Veteran		Mixed	10%
Yes	28%	Other	7%
No	71%	Refused	1%

According to the survey results, nine in ten older adults gave favorable rating to their quality of life, with half saying their quality of life is “Very Good”, with less than 1% responding “Very Bad”. Four in five older adults gave themselves favorable ratings in terms of health, with 3 in 10 saying their health is “Very Good”. Caucasians were much more likely than those of other ethnic backgrounds to rate their quality of life as “very good”, as well as their health.

The top challenge facing older adults was their physical health, followed by having financial problems, feeling depressed, feeling bored and performing everyday activities. While a large majority of older adult respondents were able to complete most of their activities of daily living, those surveyed would need the most help with doing chores or yard work and doing housework or home cleaning. Of the older adults who need some assistance in completing their activities of daily living, 83% said their support comes from family, followed by friends and neighbors.

The recommendations provided by older adults were more assistance with transportation, medical and dental services, lower taxes and financial help. Approximately 45% of older adults were unable to provide any recommendations of what was needed for them.

Caregivers

The Elderly Affairs Division surveyed and received a total sample of 63 caregiver responses. (The maximum sampling error is +/-12.3%). For the purpose of the survey the term caregiver was defined as someone involved in making decisions about the care of an older adult and/or helping to care for them (ie. taking them to doctor's appointments, managing medications, etc.) OR someone with an older adult who is dependent on them for their care. See Appendices for the full report.

Table 7.3: Demographic Profile of Caregiver Respondents, n=63			
Age		Ethnic Identification	
18 – 34 years	3%	Caucasian	24%
35 – 44 years	2%	Chinese	10%
45 – 54 years	16%	Filipino	10%
55 – 64 years	30%	Hawaiian/Part-Hawaiian	16%
65+ years	48%	Japanese	29%
Gender		Mixed	6%
Male	45%	Other	3%
Female	55%	Refused	3%
Relationship to Recipient		Current Employment Status	
Spouse/Partner	22%	Employed Full-Time	24%
Parent	13%	Employed part-time	10%
Child	43%	Not employed, but looking	2%
Grandchild	5%	Not employed, not looking	11%
Other Relative	10%	Retired	49%
Friend or neighbor	6%	Other	3%
Other	2%	Refused	2%

According to the survey results, 31% of caregivers indicated that being a caregiver has limited the number of hours they are able to work, and 83% of caregivers indicated some level of stress as a caregiver. Caregivers mainly provide assistance with chores and yard work, grocery shopping, transportation, preparing or cooking meals, housework and home cleaning and managing finances and bills. Just over half of caregivers have additional help in caring for the older adult, where 85% of those caregivers receive help from other family members.

Approximately 85% of caregivers indicated that legal assistance were important to them, followed by in-home and community based care and caregiver education and training opportunities were important to them, 84% and 77% respectively.

Key Informant Interviews

Agencies and Advocates

The Elderly Affairs Division surveyed and received a sample of 57 agency and advocate responses. The format of the survey was developed to collect qualitative data. See Appendices for the full report.

Table 7.3: Profile of Agency and Advocate Respondents, n=57	
Role of Organization	
Non-profit service provider	61%
Government entity	14%
For-profit service provider	12%
Advocacy group	4%
Hospital or health clinic	2%
Other	7%
Scope of Organization	
State-wide	42%
Island-wide	53%
Nation-wide	5%

According to the agency and advocate respondents, health care, access to doctors, and affordable housing ranked atop the list of areas affecting the quality of life for older adults. Approximately 18% cited health care/access to doctors as the number one priority, while 16% said it was affordable housing. These were followed closely by affordability/finances, availability of good caregivers and facilities, and feeling lonely.

Table 7.4: Prioritization of Areas Affecting the Quality of Life of Older Adults, n=57	
Priority	%
Health care/Access to doctor(s)	18%
Affordable housing	16%
Affordability/Finances	11%
Socialization/Feeling lonely	11%
Availability of good caregivers/facilities	9%

Policy Makers

The Elderly Affairs Division surveyed policy makers, and received a sample of 10 responses. The format of the surveys was developed to collect qualitative data. See Appendices for the full report.

Table 7.4: Profile of Policy Maker Respondents, n=10	
Level of Government	
State	90%
City and County	10%

According to the policy maker respondents, health care/access to doctors and transportation ranked atop the list of areas affecting the quality of life for older adults. Two out of the ten respondents (20%) cited health care/access to doctors as the number one priority. These were followed closely by affordable housing, and health insurance/medical costs.

Focus Groups

Needs of Older Adults and Caregivers

The Elderly Affairs Division held nine focus groups, with a variety of age groups and language communities. Overall the focus groups had similar findings, where they all indicated needs in finances, housing, health insurance/access to doctors, and loneliness, where language barriers compound the issues of isolation. These were followed by cognitive impairments, legal services, and caregiver needs/support. Younger focus group participants were more likely to be concerned with overall finances, cost of living, housing/homeless, and aging/dying alone. One participant stated “I’m home alone six days a week, just myself. I start talking to walls. And I worry about that. When you get lonely and there’s nobody there, it’s hard not to get depressed – especially if there’s nobody checking on you.”

The Cantonese, Ilocano, and Korean speaking participants were concerned with understanding Medicare and how they would pay for medical bills, particularly those related to dental and vision care. A Cantonese participant stated “I have Medicare insurance, but I don’t have Medicaid, so every month they [take out a] certain amount [from] my social security benefits, so even with that I don’t have coverage for dental, vision, I still have to pay a lot.”

Focus group participants stated a need for programs that engage older adults and alleviate loneliness and lack of socialization. Several adopted the “it-takes-a-village” approach, proposing that communities take “ownership” of their seniors, which included pairing them up with peers, youth and pets. Older focus group participants mentioned that it wasn’t just enough to have the right programs, but to motivate older adults to take advantage of them.

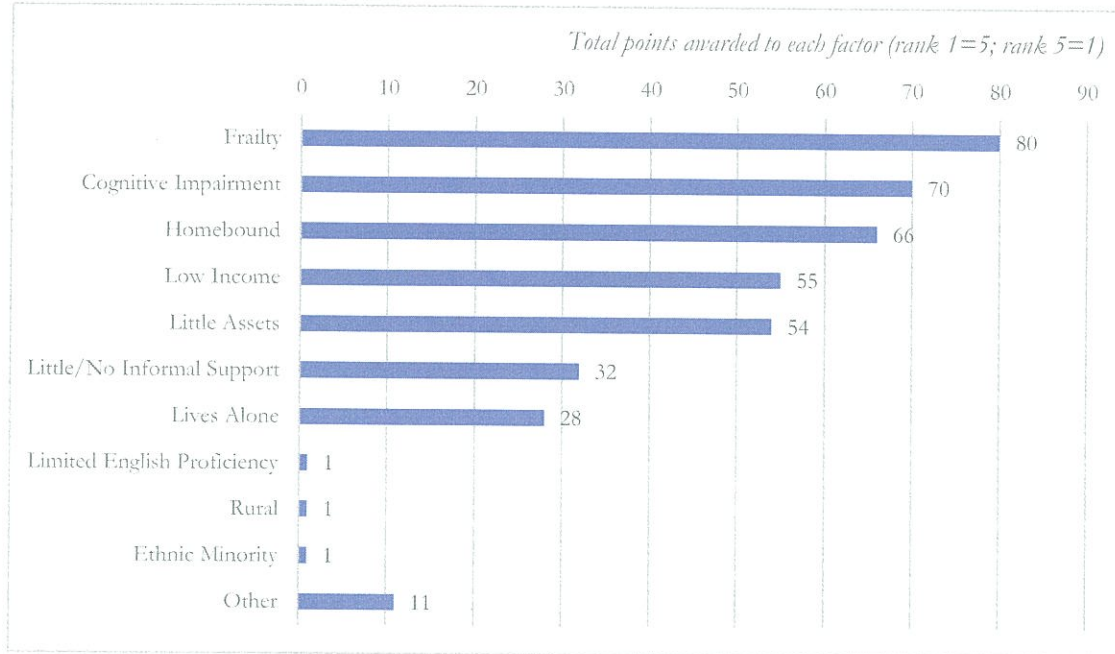
Caregivers

Caregivers need tailored counseling, education and training. They identified a need for clarification and information on how they can take on the new role of caregiving, particularly when the role of caregiver has reversed from parent to child. Caregivers also indicated a need for self-care, respite and personal time, and also the affirmation that it’s ok to take care of themselves, without the feeling of guilt. Finally, caregivers indicated a need for support from OUTSIDE the family; “having somebody to talk to outside the family”.

Prioritization of Services

The Elderly Affairs Division targets and prioritizes services based on a variety of factors, especially if there are waiting lists for publicly funded services. Focus group participants were asked to rank the top five factors to use when prioritizing services, Figure 7.1 shows the results. The top five factors were frailty, cognitive impairment, homebound, low income and little assets.

Figure 7.1:
Factors for Prioritization (Rank Top 5)



During the focus group, participants had a difficult time determining the top five factors for prioritization. Many participants felt uncomfortable with the idea and acknowledged sympathy for the agency and personnel tasked with doing this. One participant stated, “this is like playing God”. The Elderly Affairs Division currently has waitlists for adult day care, attendant care, home delivered meals, homemaker and transportation services. Waitlists are due to a variety of reasons, including, lack of funds, providers’ lack of capacity to serve, and geographical limitations.

Priority Areas of Concern

This section highlights the priority areas of concern based on the results of the surveys, focus groups, key informant interviews and the Senior Summit.

Access to and Affordable Health Care and Insurance

“When I was working, I had dental and vision coverage, but I was healthy. Now that I’m older, when I go to a dentist or eye doctor I have to pay out of my own pocket.”

Overall data findings suggested that older adults are concerned with ensuring they have adequate health insurance, and the ability to pay for the health care costs that they need. Survey and focus group respondents both indicated as physical health and well-being being a top priority. Older adults are concerned about out-of-pocket expenses, even when they have Medicare, because they are on fixed or limited incomes. In addition, limited English proficient older adults have a hard time finding doctors they trust and that speak their native language. Agency, advocates and policy makers also shared the same concern with regards to access to doctors and health care.

Financial

“Will I have enough for retirement? Will I be healthy enough to enjoy my retirement?”

Finances were a definite concern for older adults, particularly the younger generation of seniors. Nearly one in five older adults surveyed identified financial hardship as a challenge. Focus group participants voiced anxiety over dealing with the high, and rising, cost of living in Hawai'i, and having a fixed or limited income. Survey results showed a high importance for older adults to age in place, but focus group participants shared concerns about the ability to pay for long term care. In addition, one-third of caregivers surveyed indicated that they had to limit the number of hours they are able to work due to their caregiving duties.

Housing

“I’ve owned my apartment for years. I don’t know if I can afford to live here until I die.”

Access to low-income housing was a strong concern for older adults. One focus group participant stated, “it needs to be low-income, not just ‘affordable’”. Agencies, advocates and policy makers agreed with affordable housing as a priority concern affecting older adults’ quality of life, with approximately one in five agency, advocate and policy maker respondents listing it as their number one priority. According to the US Census (2018), the median gross rent for older adults in Honolulu County is \$1,125, nearly 30% more than national average for older adults.

Loneliness

“The longer we live, the more friends we lose.”

Loneliness, and depression, were cited as a serious, even deadly, issue by focus group respondents. Survey results also showed that 26% of older adult respondents currently live alone. Focus group participants viewed living alone as a risk factor for other complications of aging, as it could lead to depression, poor nutrition, medication mismanagement, and dementia. Approximately 13% identified themselves as having a problem with feeling depressed and bored, and 10% feeling lonely, sad or depressed. Focus group participants also felt that language barriers compound issues of loneliness and isolation. As one participant mentioned, “the language [barrier] just keeps people from connecting and staying in touch”.

Areas of Opportunities

The planning process provides an opportunity for the Elderly Affairs Division to reflect on what has been done and identify areas for positive growth. The following are areas of opportunities based on the feedback provided by survey, key informant interviews, and focus group respondents.

Effective Marketing, Outreach and Education

Efforts to increase public education and awareness is needed and desired. The majority of survey and focus group respondents had not heard of or interacted with, the Elderly Affairs Division or its Senior Helpline. In addition, all focus groups, including the caregiver group, voiced a desire for a one-stop-shop for information and resources that are culturally and linguistically appropriate. Older adults and their caregivers get frustrated with the fragmented system; which poses a great opportunity to bring organization to it. The more the public is educated, the better they will be in planning for their care, and their loved ones.

Role of Government

The various levels of government, and the Aging Network, should develop a uniformed platform to coordinate advocacy efforts to make the most effective impact. There was a lot of qualitative data that spoke towards advocacy, whether “increased”, “efficient”, or “coordinated”. However, in order to be successful, there needs to be strong leadership for Hawai‘i’s Aging Network, and a true understanding of what older adults and their caregivers need, and how they want to receive services. Key informant interview respondents were unaware of the differences between the State Unit on Aging and the Area Agencies on Aging, often getting them confused, or not even knowing what the State Unit on Aging or Executive Office on Aging was.

Expanded and Effective Coordination and Collaboration with Community Partners

There needs to be a more concerted effort to coordinate with agencies that the Aging Network is not currently engaged with. As the population continues to age, more agencies and sectors will be affected. This presents an opportunity to engage in and develop new partnerships in order to meet the changing needs of older adults, especially as it transitions from Silent Generation to Baby Boomer Generation. When discussing strategies, focus group and key informant interview respondents focused on the village concept and intergenerational models, and provided various ideas of what types of partnerships could be explored.

Targeting and Prioritization of Services

Outreach and services should be targeted to individuals who most need services. It is widely understood that the resources and funding received are limited. In fiscal year 2018, the Elderly Affairs Division managed waitlists for the following authorized services: attendant care, home delivered meals, homemaker, and transportation. The Elderly Affairs Division currently looks at eleven different factors, including those required by the Older Americans Act. During this planning process, focus group respondents provided feedback on the top factors that should be considered when authorizing services. This poses an opportunity for the Elderly Affairs Division to relook at how it prioritizes services and incorporate the community’s feedback and suggestions.

Description of Existing Programs and Services

The Elderly Affairs Division

The Elderly Affairs Division provided a variety of direct services in state fiscal year 2018, such as outreach, information and assistance, and, for the first time, case management services.

Contracted Services and Providers

During the state fiscal year (SFY) 2018, the Elderly Affairs Division had a total of 56 contracts with 26 provider agencies, who provided a total of 46 different service types. Table 8.1 provides detail on how many executed contracts each provider agency had during SFY2018 and the total number of services, by each funding source.

Table 8.1: Contracted Service Providers by Number of Services and Funding Source, SFY2018						
Agency Name	Total No. of Contracts	No. of Services by Funding Source				
		Title III	Title III-E	KC	Other State	KCGP
Alzheimer's Association	1		3			
Arcadia Elder Services	1					1
Catholic Charities Hawai'i	5	5		1	6	
Child and Family Services	5	1	3	4	4	
Franciscan Care	5		4	3		1
Hale Hau'oli Hawai'i	1					1
Hawaii Family Services, Inc.	1	4				
Hawaii Health Systems Corporation	2					2
Hawaii Meals on Wheels	2	4		1		
Hookele Care at Home	2			2		
Kahala Senior Living	1					1
Keiki to Kupuna Foundation	2	1		1		
Kokua Kalihi Valley	6	3	4	2		
Lanakila Pacific	4	8		3		
Lunalilo Home	1					1
Malama Adult Day Care Center	1					1
Moiliili Community Center	1				9	
Palolo Chinese Home	4	1		2		1
Project Dana	1		3			
The Salvation Army	1					1
St. Francis Health Services	1			1		
Seagull Schools	1					1
University of Hawai'i Elder Law	3	4	3			
Waikiki Health	2			2		
Windward Seniors	1					1
WorkHawaii	1	1				
LEGEND						
Title III = Federal - Older Americans Act						
Title III-E = Federal - Older Americans Act – Caregiver Programs						
KC = State – Kūpuna Care						
Other State = Other State Funds (does not include Kūpuna Care or Kūpuna Caregiver)						
KCGP = State - Kūpuna Caregiver						

Federal Programs

Older Americans Act – Title III

Congress passed the Older Americans Act (OAA) in 1965. The OAA established the National Aging Network, and supports a range of home and community-based services, such as nutrition programs, in-home services, transportation, legal services, healthy aging programs, and caregiver support. The intent of the OAA is to promote the dignity of older adults by providing services and supports that enable them to remain independent and productive in their own homes and communities, for as long as possible.

A total of 29 services were contracted for under the Older Americans Act – Title III funds, and those services were provided by 13 contracted agencies.

Service	Description of Service	Provider(s)
B - Supportive Services		
Counseling Services	Using the casework mode of interactive contact with a consumer (through interview, discussion or lending a sympathetic ear), this service offers guidance to enable older persons to resolve concrete or emotional problems or to relieve temporary stresses. Professional or paraprofessional counseling may be provided on a one-on-one basis or on a group basis and may be conducted by paid, donated and/or volunteer staff within the scope or practice of the profession.	<ul style="list-style-type: none"> • Catholic Charities Hawai'i
Escort (without transportation)	This service provides a person to accompany an older person from one point to another to provide protection to personally assist an older person to obtain a service. This service does not include providing transportation.	<ul style="list-style-type: none"> • Catholic Charities Hawai'i
Housing Assistance and Linkages	This service provides housing assistance services that improve the consumer's present housing arrangement or provide for relocation to a more suitable housing, when needed. This helps the consumer age in their place of residence, or in a more suitable housing location.	<ul style="list-style-type: none"> • Catholic Charities Hawai'i • WorkHawaii
Legal Assistance	This service provides legal support and guidance, legal intervention and education to increase the awareness of older persons about specific legal issues that pertain to their specific needs. The goal of this program is to protect and support the autonomy and independence of the older population.	<ul style="list-style-type: none"> • University of Hawai'i Elder Law Program
Transportation	This service provides curb-to-curb transportation for older persons who require help getting from one location to another, using a vehicle. This may involve a helpful driver, who assists the older adult in ways such as pushing the older adult in a wheelchair to the vehicle, loading and unloading assistive devices into/out of the vehicle, and securing the older adult in the seat.	<ul style="list-style-type: none"> • Catholic Charities Hawai'i • Kokua Kalihi Valley

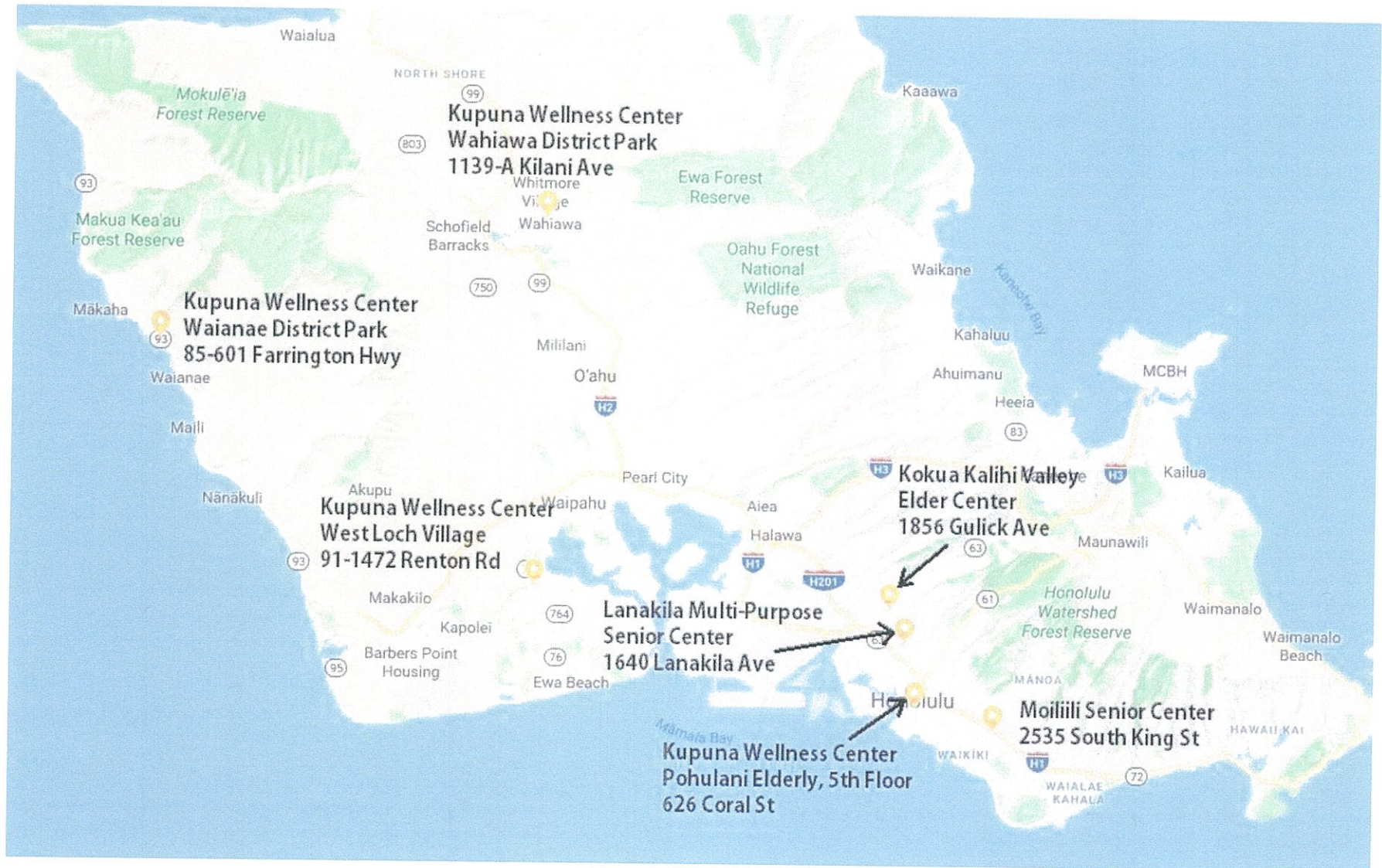
C1 – Congregate Nutrition		
Congregate Meals	A meal is provided to a qualified individual in a congregate or group setting. The goal of this service is to improve or maintain the older person's nutritional status, self-sufficiency and ability to remain in the community through the maintenance and provision of nutritional health and increased social interaction of older and other eligible persons at congregate dining sites. The meal is served in a program administered by the State Unit on Aging and/or the Area Agency on Aging and meets all of the requirements of the Older Americans Act, State/Local laws, and the Nutrition Service Standards for Congregate and Home-Delivered Meals Program.	<ul style="list-style-type: none"> • Lanakila Pacific – Meals on Wheels Program
Nutrition Education	This service provides individualized advice and guidance to older adults who are at nutritional risk because of their health or nutritional history, dietary intake, medications use or chronic illnesses, about options and methods of improving their nutritional status, performed by a registered dietitian or other health professional function within their legal scope of practice.	<ul style="list-style-type: none"> • Lanakila Pacific – Meals on Wheels Program
Outreach	This services is an intervention initiated by an agency or organization for the purpose of identifying potential consumers and encouraging their use of existing service and benefits.	<ul style="list-style-type: none"> • Lanakila Pacific – Meals on Wheels
Recreation	This service fosters the health and social well-being of older persons through social interaction and the meaningful and satisfying use of time.	<ul style="list-style-type: none"> • Lanakila Pacific – Meals on Wheels
C2 – Home Delivered Nutrition		
Home Delivered Meals	This service provides a meal to a qualified individual in his/her place of residence. The goals of this program are to promote better health and nutrition among older persons and provide opportunity for social contact, thereby, maintaining independence of individuals in their own homes when their ability to perform normal daily tasks is restricted to such a degree that independent living is threatened. For a home-bound elderly person, a home delivered meal may make the difference between remaining in home or institutionalization. The meal is served in a program administered by State Unit on Aging and/or the Area Agency on	<ul style="list-style-type: none"> • Hawaii Meals on Wheels • Keiki to Kupuna • Lanakila Pacific – Meals on Wheels • Palolo Chinese Home

	Aging and meets all of the requirements of the Older Americans Act and State/Local Laws. Note: State laws are acknowledged in the Nutrition Service Standards for Congregate and Home-Delivered Meals Program, Title III C of the Older Americans Act, Revised May 2000.	
Nutrition Counseling	This service provides individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietitian and addresses the options and methods for improving nutrition status.	<ul style="list-style-type: none"> • Hawaii Meals on Wheels • Keiki to Kupuna • Lanakila Pacific – Meals on Wheels • Palolo Chinese Home
Nutrition Education	This service provides individualized advice and guidance to older adults who are at nutritional risk because of their health or nutritional history, dietary intake, medications use or chronic illnesses, about options and methods of improving their nutritional status, performed by a registered dietitian or other health professional functioning within their legal scope of practice.	<ul style="list-style-type: none"> • Hawaii Meals on Wheels • Keiki to Kupuna • Lanakila Pacific – Meals on Wheels • Palolo Chinese Home
Outreach	This services is an intervention initiated by an agency or organization for the purpose of identifying potential consumers and encouraging their use of existing service and benefits.	<ul style="list-style-type: none"> • Hawaii Meals on Wheels • Keiki to Kupuna • Lanakila Pacific – Meals on Wheels • Palolo Chinese Home
D – Evidence-Based Disease Prevention and Health Promotion		
Health Education and Promotion	The service provides instructional sessions and seminars through either formal or informal methods to support and assist older persons to enable them to maintain health and wellness, prevent illnesses, and monitor chronic conditions. Interventions are to be evidence-based, as defined by the Administration for Community Living.	<ul style="list-style-type: none"> • Child and Family Services • Kokua Kalihi Valley
Health Screening	This service provides one-on-one support and assistance to older persons to maintain and independent lifestyle, including health screening to detect and/or prevent illnesses and monitoring chronic conditions, medication management, and follow up.	<ul style="list-style-type: none"> • Kokua Kalihi Valley

E – National Family Caregiver Support Program		
Access Assistance – Case Management	This service assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures.	<ul style="list-style-type: none"> • Child and Family Services • Franciscan Care
Counseling	This service is provided using the casework mode of interactive contact with a caregiver (through interview, discussion, or lending a sympathetic ear), the service offers guidance to enable caregivers to resolve concrete or emotional problems or to relieve the temporary stresses of giving care. Professional, paraprofessional, or peer counseling may be provided on a one-to-one basis or on a group basis and may be conducted by paid, donated, and/or volunteer staff within the scope or practice of the profession.	<ul style="list-style-type: none"> • Alzheimer's Association • Child and Family Services • Hawaii Family Services, Inc. • Kokua Kalihi Valley • Project Dana
Counseling – Education and Training	This service provides training for caregivers and family members in an individual or group setting. Training may include general care issues or tailored to a specific care recipient, i.e., medication management, personal care, making the home environment safe and barrier free, disease prevention or remediation, or on stress management and other techniques to help the caregiver take care of him/herself.	<ul style="list-style-type: none"> • Alzheimer's Association • Hawaii Family Services, Inc. • Kokua Kalihi Valley • Project Dana
Counseling – Support Group	This service provides assistance to caregivers and their families in making decisions and solving problems related to their caregiving roles. Groups of caregivers, who share a common problem or concern who meet together on a voluntary basis for mutual support. Members share their experiences, strengths and hopes and rely on one another for assistance. Support group sessions may be conducted by paid, donated, and/or volunteer staff within the scope or practice of the profession.	<ul style="list-style-type: none"> • Alzheimer's Association • Hawaii Family Services, Inc. • Kokua Kalihi Valley • Project Dana
Information Services	This provides caregivers with information on resources and services available to individuals within their communities. This may include group services, public education, provision of information at health fairs and other similar functions. NOTE: Service units for information services are for activities directed at large audiences of	<ul style="list-style-type: none"> • Hawaii Family Services, Inc. • University of Hawai'i Elder Law Program

	current or potential caregivers, such as disseminating publications, conducting media campaigns, and other similar activities.	
Respite – In-Home	This service provides temporary or substitute support for care recipients in the home, in order to provide a brief period of rest or relief for caregivers. Examples of in-home respite include, personal care, homemaking, chore, and companionship.	<ul style="list-style-type: none"> • Franciscan Care • Kokua Kalihi Valley
Respite – Out of Home – Adult Day Care	This service provides temporary or substitute support for care recipients outside of the home, in order to provide a brief period of rest or relief for caregivers. Examples of out of home respite include, adult day care and institutional care.	<ul style="list-style-type: none"> • Franciscan Care
Supplemental Services	This service is provided on a limited basis and complements care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, incontinence supplies, home delivered meals, legal assistance, nutritional supplements, transportation, and supplemental respite services.	<ul style="list-style-type: none"> • Child and Family Services • Franciscan Care • University of Hawai'i Elder Law Program

Maps of Nutritional Sites



State Programs

Kupuna Care

The Kupuna Care (KC) program is a state-funded program designed to meet the long term care needs of older adults unable to live at home without adequate help to perform their activities of daily living (ADLs) and instrumental activities of daily living (IADLs). There are an array of services offered through the KC program, with the intent to improve or maintain older adults' quality of life, self-sufficiency and ability to remain in their place of residence for as long as possible, thereby delaying premature or unnecessary institutionalization.

The Elderly Affairs Division contracted for the eight core KC program services, and services were provided by 11 contracted agencies.

Service	Description of Service	Provider(s)
Adult Day Care	This service provides personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care typically includes social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance, and home health aide services for adult day health.	<ul style="list-style-type: none">• Franciscan Care
Attendant Care	This service provides primarily stand-by assistance, supervision or cues, and may include other activities to help maintain the independence of older adults.	<ul style="list-style-type: none">• Hookele Care at Home• Waikiki Health
Case Management	This service is a systematic assessment process that gathers information and assists clients, families, and/or caregivers to engage in a solution oriented process of identifying needs, exploring other options and mobilizing formal and informal supports to achieve the highest possible level of consumer independence. Crisis and long term professional assistance is provided.	<ul style="list-style-type: none">• Child and Family Services• Elderly Affairs Division
Chore	This service provides assistance such as heavy housework, yard work, or sidewalk maintenance.	<ul style="list-style-type: none">• Lanakila Pacific – Workforce Resources
Home Delivered Meals	This service provides a meal to a qualified individual in his/her place of residence. The goals of this program are to promote better health and nutrition among older persons and provide opportunity for social contact, thereby, maintaining independence	<ul style="list-style-type: none">• Hawaii Meals on Wheels• Keiki to Kupuna Foundation

	of individuals in their own homes when their ability to perform normal daily tasks is restricted to such a degree that independent living is threatened. For a home-bound elderly person, a home delivered meal may make the difference between remaining a home or institutionalization. The meal is served in a program administered by State Unit on Aging and/or the Area Agency on Aging and meets all of the requirements of the Older Americans Act and State/Local Laws. Note: State laws are acknowledged in the Nutrition Service Standards for Congregate and Home-Delivered Meals Program, Title III C of the Older Americans Act, Revised May 2000.	<ul style="list-style-type: none"> • Lanakila Pacific – Lanakila Meals on Wheels
Homemaker	This service provides assistance such as housework, such as dusting, sweeping, vacuuming, mopping, bathroom cleaning, kitchen cleaning and laundry.	<ul style="list-style-type: none"> • Franciscan Care • Waikiki Health
Personal Care	This service provides personal assistance, stand by assistance, supervision, or cues, and assists with bathing, showering, shampooing, dressing, grooming, routine nail, skin and hair care, oral and personal hygiene, positioning and turning.	<ul style="list-style-type: none"> • Hookele Care at Home • Kokua Kalihi Valley • St. Francis Health Services
Transportation	This service provides curb-to-curb transportation for older persons who require help getting from one location to another, using a vehicle. This may involve a helpful driver, who assists the older adult in ways such as pushing the older adult in a wheelchair to the vehicle, loading and unloading assistive devices into/out of the vehicle, and securing the older adult in the seat.	<ul style="list-style-type: none"> • Catholic Charities Hawai'i • Franciscan Care • Kokua Kalihi Valley

Kupuna Caregiver

The Kupuna Caregiver program (KCGP) is a new state funded program designed to support working persons who also provide informal care to elders (caregivers). Caregivers must be employed at least 30 hours a week and provide care to a frail older adult 60 years of age or older. KCGP provides a benefit, defined by the State of Hawaii, to be used towards services.

The Elderly Affairs Division contracted for Adult Day Care service under the Kupuna Caregiver program through 11 contracted agencies.

Service	Description of Service	Provider(s)
Adult Day Care	This service provides personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care typically includes social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance, and home health aide services for adult day health.	<ul style="list-style-type: none"> • Arcadia Elder Services • Franciscan Care • Hale Hau'oli Hawai'i • Hawaii Health Systems Corporation • Kahala Senior Living • Lunalilo Home • Malama Adult Day Care Center • Palolo Chinese Home • The Salvation Army • Seagull Schools • Windward Seniors

Other State Funding

Additional funding is provided by the state for senior centers and services for older adults who are at-risk of abuse or neglect. The State's Executive Office on Aging has defined the geographic service areas for the two Senior Center districts. The districts are based on Census Tracts.

Service	Description of Service	Provider(s)
Assisted Transportation	This service provides door-to-door assistance and transportation, including an escort, to older persons who has difficulties (physical and cognitive) using regular vehicular transportation.	<ul style="list-style-type: none"> • Moiliili Community Center
Case Management for Elders At-Risk for Abuse or Neglect	This service is a systematic assessment process that gathers information and assists clients, families, and/or caregivers, to engage in a solution oriented process of identifying needs, exploring options and mobilizing formal and informal supports to achieve the highest possible level of consumer independence. The focus is on the problems of abuse and self-neglect for those older adults, ages 60 years and older, who are living in their own homes or with family who are being or are at-risk of physical,	<ul style="list-style-type: none"> • Child and Family Services • Elderly Affairs Division

	psychological or sexual abuse, financial exploitation, and neglect by a caregiver or self-neglect.	
Counseling	This service is provided using the casework mode of interactive contact with a caregiver (through interview, discussion, or lending a sympathetic ear), the service offers guidance to enable caregivers to resolve concrete or emotional problems or to relieve the temporary stresses of giving care. Professional, paraprofessional, or peer counseling may be provided on a one-to-one basis or on a group basis and may be conducted by paid, donated, and/or volunteer staff within the scope or practice of the profession.	<ul style="list-style-type: none"> • Catholic Charities Hawai'i • Moiliili Community Center
Education and Training	This service provides instructional sessions and seminars through either formal or informal methods which assist older persons to acquire knowledge and skills for vocational improvement, personal/social enrichment, and to better cope with life situations.	<ul style="list-style-type: none"> • Catholic Charities Hawai'i • Moiliili Community Center
Escort (without transportation)	This service provides a person to accompany an older person from one point to another to provide protection to personally assist an older person to obtain a service. This service does not include providing transportation.	<ul style="list-style-type: none"> • Moiliili Community Center
Health Education and Promotion	This service provides instructional sessions and seminars through either formal or informal methods to support and assist older persons to enable them to maintain health and wellness, prevent illnesses, and monitor chronic conditions.	<ul style="list-style-type: none"> • Catholic Charities Hawai'i • Moiliili Community Center
Physical Fitness and Exercise	This service provides group-oriented programs that offer exercise and physical fitness activities for the purpose of improving strength, flexibility, endurance, muscle tone, reflexes, cardiovascular health, and/or other aspects of physical functioning.	<ul style="list-style-type: none"> • Catholic Charities Hawai'i • Moiliili Community Center
Recreation and Leisure	This service provides programs that foster the health and social well-being of older persons through social interaction and the meaningful and satisfying use of time. Older persons participate in activities such as sports, performing arts, games and crafts, excursions, visits, music, dancing etc. with eras a spectator or as a participant, facilitated by a provider.	<ul style="list-style-type: none"> • Catholic Charities Hawai'i • Moiliili Community Center
Telephone Reassurance	This service provides phoning on a regular scheduled basis, in order to provide comfort or help, and/or to check on the well-	<ul style="list-style-type: none"> • Moiliili Community Center

	being and safety of an older person who may be homebound, lives alone or is temporarily alone.	
Transportation	This service provides curb-to-curb transportation for older persons who require help in getting from one location to another, using a vehicle. This does not include the provision of any other activity.	<ul style="list-style-type: none"> • Moiliili Community Center
Volunteer Development Opportunities	This service recruits volunteers to assist with the programs and program development.	<ul style="list-style-type: none"> • Catholic Charities Hawai'i • Moiliili Community Center

Maps of Multi-Purpose Senior Centers



Waitlists and Prioritization of Services

The Elderly Affairs Division, in collaboration with contracted services providers, implements and manages waitlists for services, on an as-needed basis. Waitlists are fluid and change on a daily basis, and are based on need for services, contracted service provider's capacity to serve and availability of funding. Table 8.2 provides the average number of persons that were waiting for services and the average wait times for SFY2018.

Table 8.2: Number of Persons on the Waitlist and Duration, by Funding and Service, SFY2018				
Funding	Service	No. of People	Average Wait Time (Days)	Median Wait Time (Days)
Kupuna Care	Attendant Care	97	83	55
Kupuna Care	Home Delivered Meals	202	181	154
Kupuna Care	Homemaker	327	246	206
Kupuna Care	Transportation	311	87	70

Framework

The Area Agency on Aging's recommendations subscribe to the general framework for program and service delivery for older adults developed throughout the State by the Executive Office on Aging. This framework is drawn from the Older American's Act, as amended in 2006, and Chapter 349, Hawaii Revised Statutes. The Area Agency on Aging's recommendations are consistent with the objectives of the Older Americans Act, as amended and reauthorized in 2016, the federal Administration for Community Living and the U.S. Administration on Aging's goals, the Hawai'i Revised Statutes – Chapter 349, and the state Executive Office on Aging's goals.

The Older Americans Act

The Older American's Act was established in response to the lack of community and social services for older adults. When the Act passed in 1965, Congress declared that, in keeping with the traditional American concept of the inherent dignity of the individual, the older people of our Nation are entitled to equal opportunity to the full enjoyment of the following objectives:

- An adequate income in retirement in accordance with the American standard of living.
- The best possible physical and mental health which science can make available and without regard to economic status.
- Obtaining and maintaining suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.
- Full restorative services for those who require institutional care, and a comprehensive array of community-based, long-term support services adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term support services.
- Opportunity for employment with no discriminatory personnel practices because of age.
- Retirement in health, honor and dignity—after years of contribution to the economy.
- Participating in and contributing to meaningful activity within the widest range of civic, cultural, educational and training, and recreational opportunities.
- Efficient community services, including access to low-cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner, and which are readily available when needed, with emphasis on maintaining a continuum of care for the vulnerable older individuals.
- Immediate benefit from proven research knowledge which can sustain and improve health and happiness.
- Freedom, independence and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community-based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.

Targeting of Services

The Older American's Act, as amended and reauthorized in 2016, re-emphasized Congress' intention to target services and resources towards the needs and challenges of older individuals identified as having the greatest economic and social need, with particular attention to low-income minority individuals, older individuals residing in rural areas, low-income, and frail individuals (including individuals with physical or mental functional impairment).

The Elderly Affairs Division has implemented a special emphasis on using outreach and prioritization methods to target services to:

- Older adults with greatest **economic** need
 - An income at or below the poverty line
 - Minorities at or below the poverty line
- Older adults with greatest **social** need
 - Physical and/or mental disabilities
 - Language barriers
 - Cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that—
 - Restricts the ability of an individual to perform normal daily tasks; or
 - Threatens the capacity of the individual to live independently.
- Older adults at **risk for institutional placement**
 - Unable to perform at least 2 activities of daily living, without substantial assistance (including verbal reminding, physical cueing, or supervision) and is determined by the State involved to be in need of placement in a long-term care facility.

The Elderly Affairs Division is committed to continue targeting the limited public resources to older adults, and their caregivers, who are at the highest risk.

Administration for Community Living

In 2012, the Administration for Community Living was created to help meet the needs of all Americans. Their mission is to “maximize the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers”. The Administration for Community Living believes that all Americans should be able to live at home with the supports they need, participating in the communities that value their contributions (ACL Strategic Plan, 2013). The Administration on Aging is a division within the Administration for Community Living, and is the leader of the Aging Network on the federal level, directed by the Assistant Secretary for Aging. The Administration on Aging awards and administers the Older Americans Act funds, monitors, assesses and provides technical assistance to the State Units on Aging. The Administration on Aging continues to provide leadership, direction and advocacy to develop policy to meet the needs of older adults in our country.

The Administration for Community Living developed a strategic plan, with their goals and objectives being the following:

- **Goal 1: Advocacy** – Advocate to ensure the interests of people with disabilities, older adults, and their families are reflected in the design and implementation of public policies and programs.
- **Goal 2: Protect Rights and Prevent Abuse** – Protect and enhance the rights; and prevent the abuse, neglect, and exploitation of older adults and people with disabilities.
- **Goal 3: Individual Self-Determination & Control** – Work with older adults and people with disabilities as they fully engage and participate in their communities, make informed decisions, and exercise self-determination and control about their independence, well-being, and health.
- **Goal 4: Long-Term Services and Supports** – Enable people with disabilities and older adults to live in the community through the availability of and access to high-quality long-term services and supports, including supports for families and caregivers.
- **Goal 5: Effective and Responsive Management** – Implement management and workforce practices that support the integrity and efficient operations of programs serving people with disabilities and older adults and ensure stewardship of taxpayers' dollars.

Hawaii Revised Statutes – Chapter 349

Act 225, Session Laws of Hawaii 1974 mandated the State Commission on Aging to develop a Comprehensive Master Plan for the Elders. The plan was developed in 1975, and provided the framework for program administrators, legislators and members of the community to guide the development of systems-based coordinated policies and programs for Hawai'i's elderly population. Subsequently, the Comprehensive Master Plan for the Elderly: Update 1988 was adopted by the State Legislature in 1988. It serves as a blueprint for policy and program decisions for Hawai'i's older adults. At the same time in 1988, the Long Term Care Plan for Hawai'i's Older Adults was adopted by the State Legislature. It guides the State in the development, coordination and enhancement of long-term care policies and programs.

In the most recent iteration of Chapter 349, the State legislature mirrored the congress and agreed that the older people of the Hawai'i are entitled to equal opportunity to the full and free enjoyment of the following:

- An adequate income in retirement in accordance with the American standard of living;
- The best possible physical and mental health which science can make available, without regard to economic status;
- Suitable housing, independently selected, designed, and located with reference to special needs and available at costs which older citizens can afford;
- Full restorative services for those who require institutional care;
- Opportunity for employment with no discriminatory personnel practices because of age;
- Retirement in health, honor, and dignity;

- Pursuit of meaningful activity within the widest range of civic, cultural, and recreational opportunities;
- Efficient community services which provide social assistance in a coordinated manner and which are readily available when needed;
- Immediate benefit from proven research knowledge which can sustain and improve health and happiness;
- Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives;

Chapter 349 also states that the State and counties shall:

- Make available comprehensive programs which include a full range of health, education, and social services to our older residents who need them;
- Give full and special consideration to older residents with special needs in planning such programs; and, pending the availability of such programs for all older residents, give priority to elders with the greatest economic and social need;
- Provide comprehensive programs which will assure the coordinated delivery of a full range of essential services to our older residents, and where applicable, also furnish meaningful employment opportunities for individuals, including older persons from the community; and
- Insure that the planning and operation of such programs will be undertaken as a partnership of older residents, the at-large community, and the State and its counties with appropriate assistance from the federal government.

State of Hawaii – Executive Office on Aging

The Executive Office on Aging, is the designated statewide agency or State Unit on Aging for the State of Hawaii. They are responsible for the statewide effort to develop a coordinated system of services for older adults, and their families and caregivers. The mission of the Executive Office on Aging is to “promote and assure opportunities for Hawai‘i’s older adults to achieve dignified, self-sufficient and satisfactory lives”. To accomplish their mission, the Executive Office on Aging focuses on advocating, developing and coordinating federal, state and local resources, with collaboration with the Area Agencies on Aging. The Executive Office on Aging is responsible for developing a formula to allocate funds to the Area Agencies on Aging, which is based on the demographics of the population.

Implementation Plan

Goals, Strategies, Objectives and Evaluation Measures

The recommendations in the following plan are best understood in the context of a vision framework formed around the goals outlined by the State of Hawaii's Executive Office on Aging. The vision that older adults are able to live with dignity and purpose in an age-friendly environment, and are able to access an array of information and supports that are person-centered, useful and timely along the aging continuum. The vision framework and strategies are based on the feedback received from community surveys, key informant interviews, focus group respondents, senior summit attendees, and staff of the City and County of Honolulu and the Elderly Affairs Division.

Goal 1: Aging Well

Maximize quality opportunities for seniors to age well, remain active and enjoy quality lives while engaging in their communities.

Strategy 1.1:

Explore and implement evidence-based health maintenance and fall prevention programs.

Objective 1.1.1: Increase the number of older adults, caregivers and persons with disabilities, attending evidence-based health maintenance programs, as defined by the Administration for Community Living.

The Administration for Community Living and the National Council on Aging promotes evidence-based programs as a means to improve the health and well-being of older adults. The programs are established through research, testing, and replication, and to provide a mechanism to create partnerships with external organizations. This process assures that results received are consistent across the majority of the population, and proven effective.

EVALUATION MEASURES:

- % Increase of participants in evidence-based health maintenance programs
- % of Participants who report improved health status/quality of life
- % Increase of providers delivering evidence-based health maintenance programs
- % Increase of funding allocation/expenditures for evidence-based health maintenance programs

Objective 1.1.2: Provide evidence-based fall prevention programs to older adults in Honolulu County.

Falls are one of the leading cause of injury and death in older adults, which has been associated with high medical costs, other adverse

health effects, emotional and physical pain, and burden to the individual and family (Cheng et al., 2018).

EVALUATION MEASURES:

- Develop and award contracts to deliver evidence-based fall prevention programs
- Participants in evidence-based fall prevention
- % of Participants who report improved strength/balance/quality of life

Strategy 1.2:

Combat loneliness and isolation to ensure that older adults have a sense of purpose and improve their quality of life.

Objective 1.2.1: Increase the level of civic engagement and volunteerism within the community.

Volunteers have an abundance of skills, knowledge and experience that they can contribute to their community. The RSVP program² utilizes the skills, talents and expertise of volunteers aged 55 years and older to meet various community needs, such as healthy futures, education, veterans, economic opportunities, disaster services, the environment, and other critical areas. By volunteering, older adults retain their relevance to society and are able to continue contributing to their communities in a meaningful way. Studies have shown they have better physical and mental health, higher levels of happiness, reduced stress, reduced risk of disease and lower health care costs.

EVALUATION MEASURES:

- % of RSVP volunteers who assist older adults to age in place
- % of RSVP volunteer stations who assist older adults to age in place
- % Increase of RSVP recipients who are able to age in place
- % Increase of RSVP volunteers who have a sense of purpose

Objective 1.2.2: Develop innovative partnerships and models to deliver companionship programs.

Older adults, even those that live with family, are finding themselves lonelier than ever, and loneliness has become an important social determinant of health factor, and can impact health outcomes and quality of life for older adults (MacLeod et al., 2018). Models like Eden at Home, pet companions, village concept, use of technology

² The RSVP program, formerly known as the Retired and Senior Volunteer Program, is a Senior Corps program funded by the Corporation for National and Community Service.

and apps, etc. should be explored and developed to decrease loneliness and isolation.

EVALUATION MEASURES:

- Develop and implement a pilot program
- Develop and establish partnerships with agencies
- % of Participants who report feeling less lonely/bored
- % of Participants who report having purpose/meaning

Objective 1.2.3: Increase the number of congregate dining sites.

Congregate dining is a positive way in engaging older adults to remain active, informed, and socially connected. However, there has been a national decline in participation which is likely due to the generational differences between the Baby Boomers and those that preceded them.

EVALUATION MEASURES:

- Develop new partnerships for congregate dining
- Develop and implement a pilot program with the Department of Parks and Recreation
- % Increase of congregate dining sites
- % Increase of congregate dining participants
- % Increase of providers delivering congregate dining services

Strategy 1.3:

Expand programs and services to be inclusive of all generations of seniors and persons with disabilities, young and old.

Objective 1.3.1: Explore models and organize efforts to increase interest in congregate dining sites.

As previously mentioned, there has been a decline in congregate dining participation across the nation. This is likely due to the inherent differences between the Baby Boomer generation and those who preceded them, such as food, recreation, and education preferences.

EVALUATION MEASURES:

- Conduct analysis of congregate dining participants
- Review new service delivery models, ie. café style.
- Develop and implement a pilot program with the Department of Parks and Recreation

- % Increase of Baby Boomer participants in congregate dining programs
- % of Participants who are satisfied with the Congregate Dining Program

Objective 1.3.2: Explore new models and programs to engage older adults in lifelong learning opportunities, encore careers, and second acts.

According to a recent Stanford University led study, older adults exhibit high levels of pro-social values and behaviors, have a sense of “purpose beyond the self”, and are extremely valuable in addressing social issues and making the world a better place (Colby et. al., 2018). However, there is a need to increase opportunities for those who have “beyond the self” goals and to help these individuals in pursuing and accomplishing what they find important (Emmerman and Werley, 2018).

EVALUATION MEASURES:

- Research and analyze existing models
- Develop partnerships to explore possible models/programs
- Develop and implement a pilot program

Goal 2: Strategic Partnerships and Alliances

Forge partnerships and alliances that will give impetus to meeting Hawai'i's greatest challenges of the aging population.

Strategy 2.1:

Expand, strengthen and collaborate with the Aging Network.

Objective 2.1.1: Establish new partnerships with government, health care, financial institutions, and community-based organizations.

The Elderly Affairs Divisions recognizes that it cannot be the sole source for services, and therefore rely on other agencies in the community to assist in meeting the growing needs.

EVALUATION MEASURES:

- % Increase in referrals to new partners
- # of Trainings and informational sessions held by the Elderly Affairs Division to organizations in the community

Objective 2.1.2: Conduct ongoing meetings, technical assistance and training sessions with service providers and other community agencies.

Retention and strengthening current service capacity is important to ensuring that the needs of currently participants are managed and maintained. The Elderly Affairs Division will continue to conduct regular meetings with contracted service providers, and will incorporate technical assistance and training opportunities based on their feedback.

EVALUATION MEASURES:

- # of Meetings with contracted service providers
- # of Training sessions held
- % of Providers who increased their capacity to serve

Objective 2.1.3: Collaborate with the Aging Network to develop a uniformed advocacy platform.

The Elderly Affairs Division recognizes that funding support received from Federal and State sources are limited and unable to meet the overwhelming service needs of the community. Therefore, the Aging Network should come together to identify gaps in services and develop a uniformed platform to advocate and develop solutions as a collective.

EVALUATION MEASURES:

- Development of an advocacy platform

Strategy 2.2:

Explore innovative partnerships and leverage resources to address the needs of older adults and their caregivers.

Objective 2.2.1: Continue to leverage resources and develop partnerships within the City and County of Honolulu.

The Elderly Affairs Division has been an active participant in the City and County of Honolulu's Age Friendly Honolulu initiative. In October 2018, City Council passed Ordinance 18-36 to commit towards the development of programs, services, facilities and projects that are planned, designed, operated and maintained to best accommodate users of all ages and abilities. This initiative has open the doors to potential partnerships within the City and County of Honolulu.

EVALUATION MEASURES:

- Ongoing participation in the City and County of Honolulu – Age Friendly Honolulu Initiative, as the lead agency for Domain Six% Increase in participants serviced through City and County of Honolulu partnerships
- % Decrease in unit costs

Objective 2.2.2: Explore partnership and contract models, such as joint ventures and outcome based contracts.

The Elderly Affairs Division understands the need to adapt and improve business practices, and will look at implementing different partnership and contract models, while adhering to procurement guidelines as set forth by the State of Hawaii and the City and County of Honolulu.

EVALUATION MEASURES:

- Develop, implement and evaluate a pilot project
- % Increase in participants served
- % Increase in timeliness of service
- % Decrease in participants waiting for service

Goal 3: Aging and Disability Resource Center (ADRC)

Strengthen the statewide Aging and Disability Resource Center system for older adults, persons with disabilities and their caregivers.

Strategy 3.1:

Deliver culturally competent and linguistically appropriate services to address the needs of our diverse community.

Objective 3.1.1: Maintain and update language access plans, policies and procedures.

All older adults should be able to access services, regardless of their culture or language they speak. The Elderly Affairs Division will continue to maintain and update the language access plans, policies and procedures, and ensure that all contracted service providers are in compliance.

EVALUATION MEASURES:

- ADRC staff trained on language access policies and procedures
- Annual compliance review for contracted service providers

Objective 3.1.2: Seek out and encourage partnerships with community based organizations that work with various language communities.

Best practices show that older adults, particularly those that are Asian American or Pacific Islanders, tend to receive services provided by organizations they trust and are in their own communities. The Elderly Affairs Division is aware of this, and will continue to reach out and partner with community based organizations that already work with various ethnic communities, with an emphasis on those who service limited English proficient individuals.

EVALUATION MEASURES:

- % Increase of Participants served who are limited English proficient
- % of Participants who are satisfied with ADRC

Strategy 3.2:

Expand and update the resources and information on the ADRC website, to address the needs of older adults, persons with disabilities, and their caregivers.

Objective 3.2.1: Update the resource database annually.

According to the Elderly Affairs Division survey results, older adults and caregivers use the internet to learn and find information, so it is very important for the information and resources to be accurate and up to date.

EVALUATION MEASURES:

- % of Visitors who report that the ADRC website was helpful
- % Increase of Visitors who come revisit the ADRC website

Objective 3.2.1: Increase the number of agencies on the resource database.

Not only should the information be accurate, but relevant and inclusive of the needs of the aging community and caregivers. The Elderly Affairs Division wants to ensure that the individuals who look at the website, get the information they were looking for.

EVALUATION MEASURES:

- Annual % increase of number of agencies on the resource database.
- % Increase of ADRC website hits and revisits
- % of Visitors who report that the ADRC website was helpful

Strategy 3.3:

Optimize and strengthen the ADRC system processes, accountability and sustainability.

Objective 3.3.1: Continue to improve and streamline the process of providing long term support services to older adults.

The Elderly Affairs Division has continued to streamline the process in providing long term support services to older adults, and incorporate new federal, state and county level initiatives as enacted, or required.

EVALUATION MEASURES:

- % Increase of older adults assessed through the ADRC
- % of Participants who are satisfied with the ADRC
- % of Participants who needs are met by the ADRC

Objective 3.3.2: Promote the adoption and implementation of national standards for home and community-based services.

The Administration for Community Living set priorities in developing and adopting national standards for home and community-based services. The Elderly Affairs Division will continue to support the initiative, and actively participate in national conferences, training session, and forums.

EVALUATION MEASURES:

- Adoption of the national standards in data collection and analysis

Objective 3.3.3: Coordinate continuing education and training for ADRC staff.

Training and education of staff has been a top priority of the Elderly Affairs Division. ADRC staff are given many opportunities to grow in the profession and field of aging, and ultimately benefits the older adults and caregivers in the community.

EVALUATION MEASURES:

- % of ADRC staff who received person centered training
- % of ADRC staff who received dementia capability training
- % of ADRC staff who are Alliance of Information and Referral Systems certified
- % of ADRC staff who are certified State of Hawai'i Insurance and Assistance Program counselors
- % of ADRC staff who received benefits enrollment training
- Development of annual training schedule

Objective 3.3.4: Develop a quality assurance plan to ensure compliance and timeliness, and to identify solutions for improvement.

Establishing quality assurance and continuous improvement methods is a component of being a fully functional Aging and Disability Resource Center.

EVALUATION MEASURES:

- Develop and implement a Quality Assurance Plan
- % Decrease in time from first contact to eligibility determination
- % Decrease in missing data on reports
- Accuracy in data and reports

Objective 3.3.5: Develop a Sustainability Strategy for the ADRC that includes developing our business acumen, seeking partnership opportunities, advocacy and appropriate legislation.

Organizational sustainability extends beyond funding. It requires a development of a key stakeholder group and an assessment or review of resource needs, which are used to develop the Elderly Affairs Division's business acumen and determine the mechanisms to sustain supportive services for the seniors in our community.

EVALUATION MEASURES:

- Develop and implement a Sustainability Plan
- Active participation in the State's Federal Financial Participation Initiative
- Active participation in other Reimbursement initiatives

Strategy 3.4:

Develop and implement outreach strategies that enable services to be targeted to those most in need.

Objective 3.4.1: Increase the visibility of the Elderly Affairs Division, as the Aging and Disability Resource Center.

More than half of those surveyed had not heard of the Elderly Affairs Division, or the Senior Helpline. Greater public education and awareness will allow the community to learn about the resources available to support the needs of older adults, persons with disabilities, and their caregivers.

EVALUATION MEASURES:

- % Increase of those who report hearing of the Elderly Affairs Division/Senior Helpline.
- % Increase of unduplicated persons served for the State Program Report

Objective 3.4.2: Review the Elderly Affairs Division's prioritization criterion and incorporate the community feedback, to ensure publically funded services are targeted to those most in need.

As required by the Older Americans Act, the Elderly Affairs Division must target services to those with greatest social and economic need, especially if there are waitlists for services.

EVALUATION MEASURES:

- Update and implement the prioritization criteria
- % Increase of Participants who have greatest social need
- % Increase of Participants who have the greatest economic need
- % Increase of Participants who are at-risk of institutionalization

Goal 4: Long Term Services and Support

Enable older adults to live in their communities through the availability of and access to high quality long-term services and supports, including supports for their families and caregivers.

Strategy 4.1:

Expand and collaborate with the Aging Network to develop innovative, person centered, integrated systems and programs that meet the needs of older adults and their caregivers.

Objective 4.1.1: Increase the number of contracted service providers that provide long term services and supports that are needed, in a way that is needed for older adults, and their caregivers, and as defined by the Administration for Community Living and the Executive Office on Aging.

An increase in service capacity and funding is needed in order to address the growing needs of older and caregivers in the community.

As stated in the previous section, for state fiscal year 2018, the Elderly Affairs Division waitlists for attendant care, home delivered meals, homemaker services, and transportation (see Table 8.2).

EVALUATION MEASURES:

- % Increase of unduplicated person count
- % of Participants who report improved health status/quality of life
- % Increase of providers delivering long term services and support
- % Increase of funding allocation/expenditures for long term services and support
- % Decrease of participants waiting for services

Objective 4.1.2: Collaborate with public and private agencies to develop additional housing options, nutrition programs, financial literacy programs, respite options, and access to affordable health care, for older adults and their caregivers.

Based on the feedback from survey, focus group, and key informant interviews respondents, more collaboration needs to be done to address the community's identified areas of concern. Public and private partnerships provide an opportunity to leverage resources and develop innovative solutions to our community's complex problems.

EVALUATION MEASURES:

- Establish public and private partnerships
- Develop and implement a pilot project to address three of the five areas of concern

Strategy 4.2:

Provide access to high-quality long term services and supports for older adults, persons with disabilities, and their caregivers.

Objective 4.2.1: Conduct semi-annual onsite assessments of contracted service providers to ensure compliance and program efficiency and to identify recommendations for improvement.

To ensure that high quality long term services and supports are delivered to older adults, the Elderly Affairs Division will monitor all contracted services providers quarterly to ensure providers are in compliance, services are timely and meet the needs of the clients.

EVALUATION MEASURES:

- % Increase in participants served
- % Increase in units delivered
- % Increase in average time from referral to first date of service
- % of Providers who report an increase in sustainability

Objective 4.2.2: Develop partnerships with agencies that serve persons with disabilities to ensure a smooth transition for referrals.

It is important for the Elderly Affairs Division to establish partnerships with agencies that serve persons with disabilities because the funding for services are limited to older adults, and their caregivers.

EVALUATION MEASURES:

- Active participation in the State's No Wrong Door Initiative
- # of formal and informal partnerships with agencies that serve persons with disabilities
- % of Staff trained on referral procedures

Strategy 4.3:

Provide person centered support for family caregivers, including grandparents raising grandchildren, through training, education, counseling, respite and referrals.

Objective 4.3.1: Increase the number of caregivers who receive caregiver support services, as defined by the Administration on Aging and Executive Office on Aging.

There are over 154,000 caregivers in Hawai'i, and over half reported feeling emotionally stressed trying to balance their family

responsibilities, caregiving and work. Nearly three-fourths of caregivers altered work schedules or took time off.

EVALUATION MEASURES:

- % Increase of unduplicated caregivers served, including grandparents raising grandchildren
- % of Caregivers who report improved health status/quality of life/less caregiver stress
- % Increase of providers delivering caregiver support services
- % Increase of funding allocation/expenditures for caregiver support services

Objective 4.3.2: Fill the vacant Caregiver Specialist position at the Elderly Affairs Division to develop and update caregiver education and outreach materials.

The Elderly Affairs Division understands the needs of older adults and caregivers differ. The Caregiver Specialist position will work with the community to ensure caregiver needs are met.

EVALUATION MEASURES:

- Caregiver Specialist position is filled
- Update Caregiver Guide
- Develop Caregiver Outreach Plan and Materials
- % Increase in caregiver contacts
- % Decrease in caregiver stress

Goal 5: Elder Safety and Justice

Optimize the health, safety, and independence of Hawai'i's older adults.

Strategy 5.1:

Foster collaboration with the Aging Network, and community partners, to ensure older adults, and persons with disabilities, are safe from abuse, neglect and fraud.

Objective 5.1.1: Work with the Aging Network and Adult Protective Services to increase awareness and education on elder abuse, neglect and exploitation.

The Administration for Community Living identified elder abuse prevention as a top priority in its most recent strategic plan (2013 – 2018), and the World Health Organization declared elder abuse as a violation of the basic human right, the right to be safe and free of violence. Older adults with Alzheimer's Disease and related disorders have a higher risk of being abused and financially exploited.

EVALUATION MEASURES:

- % of Staff trained by Adult Protective Services
- % of Providers trained by Adult Protective Services
- # of Presentations held in partnership with Adult Protective Services

Strategy 5.2:

Develop partnerships to ensure that disaster preparedness planning accounts for older adults and persons with disabilities.

Objective 5.2.1: Partner and collaborate with appropriate government agencies to update emergency disaster plans and procedures for older adults and persons with disabilities.

In 2018, Hurricane Lane brought record setting rainfall to the State of Hawaii, with more than 50" of rain, triggering the City and County of Honolulu to open evacuation shelters across the island. Older adults, particularly those who live alone or have little/no support, should be prepared in the event of catastrophic events.

EVALUATION MEASURES:

- # of formal and informal partnerships with disaster management agencies
- Update preparedness plans to incorporate the needs of older adults, persons with disabilities, and their families.

Objective 5.2.2: Increase the number of older adults who develop their own disaster preparedness plan.

As part of the statewide assessment tools, all older adults are given the opportunity to develop a disaster preparedness plan and identify essential belongings to take, emergency contacts, and emergency shelter locations.

EVALUATION MEASURES:

- % of Staff trained to assist participants in completing the disaster preparedness plan
- % Increase of participants who complete a disaster preparedness plan
 - % of Participants who live alone
 - % of Participants who have little to no informal support

Strategy 5.3:

Promote awareness of culturally appropriate long term care planning, including planning for the end of life.

Objective 5.3.1: Partner with agencies to increase awareness about the importance of long term care planning.

Focus group respondents, particularly the younger participants, felt discouraged about their retirement future. The time to start planning for retirement and long term care needs to happen now.

EVALUATION MEASURES:

- # of formal and informal partnerships established

Objective 5.3.2: Partner with agencies to develop culturally appropriate educational materials for end of life planning.

With Hawai'i becoming the 7th jurisdiction to enact a Death with Dignity statute, named Our Care, Our Choice Act, advance care planning is more important than ever to ensure that individuals identify what it is they want at a time when they may not have the abilities to share it. This could include options such as hospice, palliative care, and death with dignity. The Elderly Affairs Division would like to partner with agencies such as Kokua Mau, and the National Asian Pacific Center on Aging, to develop and disseminate culturally appropriate materials for end of life planning.

EVALUATION MEASURES:

- # of formal and informal partnerships established
- Develop end of life planning materials
- # of Participants who are educated about end of life planning

Funding Allocation and Targeting Plan

Previous Year Expenditures and Persons Served for Priority Services (FY2018)

As stated previously, the Elderly Affairs Division receives and administers the federal Older Americans Act (OAA) and state funds. The chart below indicates the budget and expenses for each service, by funding source, for federal fiscal year 2018. It also includes the number of persons served based on the OAA mandated targeting criteria.

OAA Category	Services	FY18 BUDGET & EXPENDITURES			PERSONS SERVED						
		Budgeted	Expenditures		GEN	GSN	LIM	Rural	LEP	Frail	Native Amer- ican
			Title III	State							
B: Supportive Services											
	Adult Day Care	\$722,996.67	---	\$496,602.08	10	7	9	35	0	28	7
	Case Management	\$595,265.92	---	\$496,191.00	434	776	351	674	33	713	201
	Chore	\$50,091.25	---	\$4,240.00	1	3	0	1	0	3	0
	Counseling*	\$36,037.72	---	\$36,037.72	---	---	---	---	---	---	---
	Escort (w/o Transportation)*	\$54,217.49	\$39,239.64	\$3,414.39	--	---	---	---	---	---	---
	Homemaker	\$124,661.13	---	\$62,872.96	13	32	5	0	1	24	2
	Housing Assistance	\$226,050.00	\$226,050.00	---	1	8	1	1	0	2	3
	Housing Linkages	\$63,000.00	\$63,000.00	---	1	0	0	0	0	0	
	Information and Assistance	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	852	1,656	683	1,472	82	1,500	462
	Legal Services*	\$164,535.03	---	---	---	---	---	---	---	---	---
	Outreach*	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	---	---	---	---	---	---	---
	Personal Care	\$1,574,059.86	---	\$1,174,166.52	81	97	64	158	8	358	60
	Transportation	\$1,110,834.72	\$249,100.00	\$754,023.24	303	663	257	354	47	201	101
C-1: Congregate Nutrition Services											
	Congregate Meals	\$361,987.50	\$350,595.00	---	184	376	169	177	29	46	161
	Nutrition Education*	\$24,525.00	\$14,350.00	---	---	---	---	---	---	---	---
	Recreation*	\$263,548.11	\$206,364.45	\$55,398.36	---	---	---	---	---	---	---
C-2: Home Delivered Nutrition Services											
	Home Delivered Meals	\$2,823,906.08	\$582,380.40	\$1,529,097.60	206	401	175	407	20	803	144
	Nutrition Counseling	\$10,000.00	---	---							
	Nutrition Education*	\$11,320.00	\$240.00	---	---	---	---	---	---	---	---
D: Evidenced-Based Disease Prevention and Health Promotion Services											
	Health Education/Promotion*	\$60,000.00	\$2,750.00	\$14,969.14	---	---	---	---	---	---	---
E: National Family Caregiver Support Program											

Access – Case Management*	\$37,100.00	\$20,055.00	---	---	---	---	---	---	---	---	---
Access – Supplemental Services	\$50,000.00	\$10,931.41	---	0	0	0	1	0	0	0	0
Respite – Out of Home Services	\$147,740.00	---	---	---	---	---	---	---	---	---	---
Support – Counseling	\$86,730.00	\$84,275.34	---	1	1	0	34	1	1	8	8
Support – Education/Training	\$55,440.00	\$44,910.00	---	1	0	0	31	1	0	13	13
Support – Counseling (Grandparents)	\$42,845.40	\$42,845.40	---	3	1	3	40	1	0	21	21
Support – Education/Training (Grandparents)	\$4,652.28	\$1,331.44	---	2	1	2	30	1	0	17	17
Other Services											
Attendant Care	\$151,747.75	---	\$57,754.25	23	52	10	24	2	61	10	10
Education & Training*	\$8,208.08	---	\$8,208.08	---	---	---	---	---	---	---	---
Exercise & Fitness*	\$25,871.18	---	\$25,871.18	---	---	---	---	---	---	---	---
REACH Program	\$32,408.00	---	\$24,006.50	8	2	4	6	0	7	2	2
Telephone Reassurance*	\$5,984.37	---	\$5,984.37	---	---	---	---	---	---	---	---
Volunteer Opportunities*	\$64,620.01	---	\$64,620.01	---	---	---	---	---	---	---	---
GRAND TOTAL:	\$8,611,980.63	\$1,973,308.68	\$4,813,457.40	1,114	2,111	928	1,820	129	1,649	667	667

* Not a registered service – Aggregate information collected only, meaning there is no demographic data collected on participants.

GEN = Greatest Economic Need

GSN = Greatest Social Need

LIM = Low Income Minority

Rural = Rural area according to 2000 Administration on Aging Zip Code designation

LEP = Limited English Proficiency

Frail = Two or More Activity of Daily Living Impairments or Cognitive Impairment

Native American = Native American

Declaration of Compliance

The Area Agency on Aging, namely the Elderly Affairs Division, agrees to administer the program in accordance with the Older Americans Act of 1965, as amended, the Area Plan, and all applicable rules and regulations and policies and procedures established by the Commissioner or the Secretary and by the Director of the Executive Office on Aging. The Elderly Affairs Division shall prepare and develop an area plan for the next four years which shall provide assurances that the Elderly Affairs Division will set specific objectives for providing services to older individuals who: have greatest economic need, have greatest social need, are at risk for institutional placement, are low-income minorities, have limited English proficiency, live in rural areas and/or are Native Americans. No means test shall be used to qualify any individual for service supported with funds from the Administration on Aging.

Methods for Assuring Service Preference

State Distribution of Funds

The State's intra-state funding formula for allocating Title III funds will include factors and appropriate weights which reflect the proportion among the planning and service areas of targeted older populations.

Assurance of Service Preference

The Elderly Affairs Division's Area Plan on Aging provides assurances that preferences will be given to providing services to older individuals with: greatest economic need, greatest social need, at risk for institutional placement, minorities, low-income minorities, limited English proficiency, living in rural areas, and older Native Americans. It also includes proposed methods for implementing the preference requirements.

Area Plan Priority Services

The Elderly Affairs Division's Area Plan on Aging publishes methods by which the priority of services is determined. Such methods include factors and weights that provide preference to meeting the service needs of the targeted populations.

Provision of Services in High Need Areas

The Elderly Affairs Division divides its geographic area into sub-areas, and consider the following:

- a) distribution of 60+ having greatest economic need, distribution of 60+ having physical/mental disabilities, incidence of need for supportive/nutrition services, location of resources to meet needs, and adequacy/effectiveness of existing resources in meeting service needs. Upon review and analysis of information, the Elderly Affairs Division determines which locations will need service assistance due to high concentrations or high proportions of targeted populations, and specializes in the types of services most needed by these groups.

At-Risk for Institutional Placement Efforts

The Elderly Affairs Division will do the following to ensure efforts are taken to reduce the rates of premature institutional placement:

- Conduct outreach activities to identify those at risk for institutional placement, as defined by the Older Americans Act.
- Conduct public education and outreach activities to identify caregivers of older individuals at risk for institutional placement who may need assistance in order to continue caring for their family member.
- Collaborate with agencies and organizations to maximize service delivery to frail older individuals in need of services.

Targeting Preference

The Elderly Affairs Division will continue to target services to older individuals who:

- Have greatest economic need
- Have greatest social need
- Are a risk for institutional placement
- Are low-income
- Are minority
- Are low-income minority
- Have limited English proficiency
- Live in rural areas, and/or
- Are Native American, including Native Hawaiian

For services authorized by the Area Agency on Aging, the Elderly Affairs Division will target outreach efforts to identify those in the above defined targeted groups. If there are waitlists for authorized services, the Elderly Affairs Division will prioritize and give preference to older individuals in the above defined targeted categories.

The Elderly Affairs Division has included provisions in all contracts to ensure that providers will target and satisfy the service needs of older individuals in the above defined targeted groups. To the maximum extent feasible, agencies will prioritize services to these older individuals in accordance with their need for services, will meet specific objectives established by the Elderly Affairs Division for providing service to these older individuals and if there is a waitlist, will give preference to these older individuals.

Low-Income Minority Efforts

The Elder Affairs Division will maintain, as is reasonably feasible, older individual low-income minority participation rates in Title III funded programs at, or above, the percentage of distribution of older low-income minorities in the planning and service area, as determined by the most reliable data available, and promote, publicize and advocate for expansion and implementation of services for low-income and/or minority older individuals.

Limited English Proficiency Efforts

The Elderly Affairs Division adheres and complies with Title VI of the Civil Rights Act of 1964, Chapter 321C of the Hawaii Revised Statutes, and Chapter 1 of the Revised Ordinances of the City and County of Honolulu. To the extent possible, the Elderly Affairs Division will recruit and hire bilingual staff for the Information and Assistance branch, and translate information about its services into appropriate languages needed by consumers and/or as defined by policies and procedures set forth by the Federal, State, and/or County government.

The Elderly Affairs Division has included provisions in all contracts to ensure that service providers have a Language Access Plan that ensures reasonable efforts and meaningful access to services, and must comply with Title VI of the Civil Rights Act of 1964, Chapter 321C of the Hawaii Revised Statutes, and Chapter 1 of the Revised Ordinances of the City and County of Honolulu. The Elderly Affairs Division will continue to encourage all contracted service providers, to the extent possible, hire bilingual staff and translate agency materials in the primary languages of their consumers.

Rural Agency Efforts

The Elderly Affairs Division will maintain, as is reasonably feasible, older individual rural participation rates, in Title III funded programs at, or above, the percentage of distribution of older individuals living in rural areas within the planning and service area, as determined by the most reliable data available, and promote, publicize and advocate for expansion and implementation of services for older individuals living in rural areas.

Service Provision Efforts to Native Americans

The Elderly Affairs Division will maintain, as is reasonably feasible, participation rates of older Native Americans in Title III funded programs at, or above, the percentages of distribution of older Native Americans within the planning and service area, as determined by the most reliable data available, and promote, publicize and advocate for expansion and implementation of services to Native American older individuals. Native Americans include those of Native Hawaiian descent.

Collaborations

The Elderly Affairs Division will establish working relationships with appropriate public and private agencies and organizations to:

- Inform agencies and organizations of the availability of services under the area plan,
- Attain and maintain referral linkages for casework management, assessment and counseling,
- Identify individuals in need of services, and
- Assess structural barriers (cost, distance, eligibility) and cultural barriers (distrust, language, service design) to use of services and work towards reducing identified barriers.

Targeted Information and Assistance/Outreach

The Elderly Affairs Division's Information and Assistance branch will identify individuals eligible for priority assistance, as described in the area plan, and inform such individuals of the availability of assistance. In order to maximize outreach efforts, the Elderly Affairs Division will focus its efforts in areas identified to have a high population percentage of older individuals who fall within the aforementioned targeted categories. In addition, efforts will be taken to link services to those with severe disabilities, older individuals with Alzheimer's Disease and Related Disorders with neurological and organic brain dysfunction, as well as their caregivers.

Minimum Percentages for Title III Part B Categories of Services (2019 – 2023)

For the duration of the Area Plan, the Elderly Affairs Division assures that the following minimum percentages of funds received for Title III-B will be expended to provide each of the following categories of services, as specified in the Older Americans Act, Section 306(a):

Categories	Percent
Access*	22%
In Home	10%
Legal	10%
TOTAL	42%

* Access services include, transportation, health services (including mental health services), outreach, information and assistance, and case management services.

Appendices

Assurances

Compliance with Civil Rights

ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

City and County of Honolulu's Elderly Affairs Division (hereinafter called the "Applicant") HEREBY

AGREES THAT It will comply with title VI of the Civil Rights Act Of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 90) issued pursuant to that title, to the end that, in accordance with title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant received Federal financial assistance from (he Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department,

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Applicant.

Date _____

City and County of Honolulu – Department of Community Services
Elderly Affairs Division

By

Signature and Title of Authorized Official

Department of Community Services
925 Dillingham Boulevard, Suite 200
Honolulu, HI 96819

Rehabilitation Act of 1973, as Amended

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ASSURANCE OF COMPLIANCE WITH SECTION 504 OF THE
REHABILITATION ACT OF 1973, AS AMENDED

The undersigned (hereinafter called the "recipient") HEREBY AGREES THAT it will comply with section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulation (45 C.F.R. Part 84), and all guidelines and interpretations issued pursuant thereto.

Pursuant to § 84.5 (a) of the regulation [45 C.F.R. 84.5 (a)], the recipient gives this Assurance in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other federal financial assistance extended by the Department of Health and Human Services after the date of this Assurance, including payments or other assistance made after such date on applications for federal financial assistance that were approved before such date. The recipient recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance and that the United States will have the right to enforce this Assurance through lawful means. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

This Assurance obligates the recipient for the period during which federal financial assistance is extended to it by the Department of Health and Human Services or, where the assistance is in the form of real or personal property, for the period provided for in § 84.5 (b) of the regulation [45 C.F.R. 84.5(b)].

The recipient: [Check (a) or (b)]

- a. ☐ **employs fewer than fifteen persons**
- b. ☒ employs fifteen or more persons and pursuant to § 84.7(a) of the regulation [45 C.F.R. 84.7(a)], has designated the following person(s) to coordinate its efforts to comply with the HHS regulation:

Elderly Affairs Division

Name of Designee(s) -- Type or Print

City and County of Honolulu – Department of Community Services
Name of Recipient - Type or Print

715 S. King Street, Suite 311
Street Address

99-6001257
(IRS) Employer Identification Number

Honolulu
City

(808) 768-7760
Area Code & Telephone Number

Hawai'i 96813
State Zip

I certify that the above information is complete and correct to the best of my knowledge.

Date

Signature and Title of Authorized Official, City and County of Honolulu

If there has been a change in name or ownership within the last year, please PRINT the former name below:

HHS-641 [7/84 REV.]

AEA 9/2002

General and Program Specific Provisions and Assurances

The City and County of Honolulu's Elderly Affairs Division certifies that it will subscribe and conform to the provisions and assurances under GENERAL ASSURANCES AND PROGRAM SPECIFIC PROVISIONS AND ASSURANCES displayed in the following pages xx through xx.

Date

Signature and Title of Authorized Official

General Assurances

The Area Agency will maintain documentation to substantiate all the following assurance items. Such documentation will be subject to State and/or federal review for adequacy and completeness.

1. General Administration

a. Compliance with Requirements

The Area Agency agrees to administer the program in accordance with the Older Americans Act of 1965, as amended, the Area Plan, and all applicable rules and regulations and policies and procedures established by the Commissioner or the Secretary and by the Director of the Executive Office on Aging.

b. Efficient Administration

The Area Agency utilizes such methods of administration as are necessary for the proper and efficient administration of the Plan.

c. General Administrative and Fiscal Requirements

The Area Agency's uniform administrative requirements and cost principles are in compliance with the relevant provisions of 45 CFR Part 75 and 2 CFR Part 200 except where these provisions are superseded by statute and with the State Policies and Procedures Manual for Title III of the Older Americans Act.

d. Training of Staff

The Area Agency provides a program of appropriate training for all classes of positions and volunteers, if applicable.

e. Management of Funds

The Area Agency maintains sufficient fiscal control and accounting procedures to assure proper disbursement of and account for all funds under this Plan.

f. Safeguarding Confidential Information

The Area Agency has implemented such regulations, standards, and procedures as are necessary to meet the requirements on safeguarding confidential information under relevant program regulations.

g. Reporting Requirements

The Area Agency agrees to furnish such reports and evaluations to the Director of the Executive Office on Aging as may be specified.

h. Standards for Service Providers

All providers of service under this Plan operate fully in conformance with all applicable Federal, State, and local fire, health, safety and sanitation, and other standards prescribed in law or regulations. The Area Agency provides that where the State or local public jurisdictions require licensure for the provision of services, agencies providing such services shall be licensed.

i. Amendments to Area Plan

Area Plan amendments will be made in conformance with applicable program regulations.

j. Intergovernmental Review of Services and Programs

The Area Agency will assure that 45 CFR Part 100 covering Intergovernmental Review of Department of Human Services Programs and Activities be maintained. The regulation is intended to foster an intergovernmental partnership and a strengthened Federalism by relying on State processes and on State, area wide, regional, and local coordination for review of proposed Federal financial assistance and direct Federal development.

k. Standards for a Merit System of Personnel Administration

The Area Agency will assure that there are Standards for a Merit System of Personnel Administration as stated in 5 CFR Part 900, Subpart F.

2. Equal Opportunity and Civil Rights

a. Equal Employment Opportunity

The Area Agency has an equal employment opportunity policy, implemented through an affirmative action plan for all aspects of personnel administration as specified in 41 CFR Part 60-1.

b. Non-Discrimination on the Basis of Handicap

All recipients of funds from the Area Agency are required to operate each program activity so that, when viewed in its entirety, the program or activity is readily accessible to and useable by handicapped persons, as specified in 45 CFR Part 84.

c. Non-Discrimination on the Basis of Age

The Area Agency will assure compliance with 45 CFR Part 91 which is the regulation for The Age Discrimination Act of 1975 as amended and is designed to prohibit discrimination on the basis of age.

d. Civil Rights Compliance

The Area Agency has developed and is implementing a system to ensure that benefits and services available under the Area Plan are provided in a non-discriminatory manner as required by Title VI of the Civil Rights Act of 1964 as amended.

3. Provision of Services

a. Needs Assessment

The Area Agency has a reasonable and objective method for determining the needs of all eligible residents of all geographic areas in the PSA for allocating resources to meet those needs.

b. Priorities

The Area Agency has a reasonable and objective method for establishing priorities for service and such methods are in compliance with the applicable statute.

c. Eligibility

The activities covered by this Area Plan serve only those individuals and groups eligible under the provisions of the applicable statute.

d. Residency

No requirements as to duration of residence or citizenship will be imposed as a condition of participation in the Area Agency's program for the provision of services.

e. Coordination and Maximum Utilization of Services

The Area Agency to the maximum extent coordinates and utilizes the services and resources of other appropriate public and private agencies and organizations.

4. Non-Construction Programs

a. Legal Authority

The Area Agency has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management, and completion of the project described in non-construction program application.

b. Hatch Act

The Area Agency will comply with the provisions of the Hatch Act (5 U.S.C. SS 1501-1508 and 73224-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

c. Single Audit Act of 1984

The Area Agency will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

d. Other Laws

The Area Agency will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

Program Specific Assurances

Program specific assurances will follow the intent of the area plans as stated in section 306 of the Older Americans Act, as amended in 2006.

Section. 306. (42 U.S.C. 3026)

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers, within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community, evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental health services) outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

- (4)(A) (i)(I) provide assurances that the area agency on aging will—
- (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
 - (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
- (II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);
- (ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
- (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
 - (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
 - (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
- (iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared—
- (I) identify the number of low-income minority older individuals in the planning and service area;
 - (II) describe the methods used to satisfy the service needs of such minority older individuals; and
 - (III) provide information on the extent to which the area agency on aging met the objectives described in clause (i);
- (B) provide assurances that the area agency on aging will use outreach efforts that will—
- (i) identify individuals eligible for assistance under this Act, with special emphasis on—
 - (I) older individuals residing in rural areas;
 - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (IV) older individuals with severe disabilities;
 - (V) older individuals with limited English proficiency;
 - (VI) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - (VII) older individuals at risk for institutional placement; and
 - (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that-

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

- (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
- (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);
- (9) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;
- (10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;
- (11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”), including—
 - (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
 - (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
 - (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans; and
- (12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.
- (13) provide assurances that the area agency on aging will—
 - (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
 - (B) disclose to the Assistant Secretary and the State agency—
 - (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
 - (ii) the nature of such contract or such relationship;
 - (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
 - (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and
 - (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;
- (14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care; and

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness; and

(K) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d) (1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f) (1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2)(A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

Additionally, the Area Agency on Aging agrees to comply with the requirements of the Older Americans Act, as amended in 2006, including sections: 305, 307, 373, and 705 and all applicable Federal Rules and Regulations.

Other Assurances, as Related to the Code of Federal Register 1321.17(F) 1 to 15

1321.17(f)(1)

Each Area Agency engages only in activities that are consistent with its statutory mission as prescribed in the Act and as specified in State policies under §1321.11;

1321.17(f)(2)

Preference is given to older persons in greatest social or economic need in the provision of services under the plan;

1321.17(f)(3)

Procedures exist to ensure that all services under this part are provided without use of any means tests;

1321.17(f)(4)

All services provided under Title III meet any existing State and local licensing, health and safety requirements for the provision of those services;

1321.17(f)(5)

Older persons are provided opportunities to voluntarily contribute to the cost of services;

1321.17(f)(6)

Area plans will specify as submitted, or be amended annually to include, details of the amount of funds expended for each priority service during the past fiscal year;

1321.17(f)(7)

The State Agency on Aging will develop policies governing all aspects of programs operated under this part, including the manner in which the ombudsman program operates at the State level and the relation of the ombudsman program to Area Agencies where Area Agencies have been designated;

1321.17(f)(8)

The State Agency on Aging will require the area agencies on aging to arrange for outreach at the community level that identifies individuals eligible for assistance under this Act and other programs, both public and private, and informs them of the availability of assistance. The outreach efforts will place special emphasis on reaching older individuals with the greatest economic or social needs with particular attention to low income minority individuals, including outreach to identify older Indians in the planning and service area and inform such older Indians of the availability of assistance under the Act.

1321.17(f)(9)

Data collection from Area Agencies on Aging to permit the State to compile and transmit to the Commissioner accurate and timely statewide data requested by the Commissioner in such form as the Commissioner directs; and

1321.17(f)(10)

If the State agency proposes to use funds received under section 303(f) of the Act for services other than those for preventive health specified in section 361, the State plan and the area plan will demonstrate the unmet need for the services and explain how the services are appropriate to improve the quality of life of older individuals, particularly those with the greatest economic or social need, with special attention to low-income minorities.

1321.17(f)(11)

Area Agencies will compile available information, with necessary supplementation, on courses of post-secondary education offered to older individuals with little or no tuition. The assurance will include a commitment by the area agencies to make a summary of the information available to older individuals at multipurpose senior centers, congregate nutrition sites, and in other appropriate places.

1321.17(f)(12)

Individuals with disabilities who reside in a non-institutional household with and accompany a person eligible for congregate meals under this part will be provided a meal on the same basis that meals are provided to volunteers pursuant to section 307(a)(13)(I) of the Act.

1321.17(f)(13)

The services provided under this part will be coordinated where appropriate with the services provided under Title VI of the Act.

1321.17(f)(14)

- (i) The State agency will not fund program development and coordinated activities as a cost of supportive services for the administration of area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans;
- (ii) State and Area Agencies on Aging will, consistent with budgeting cycles (annually, biannually, or otherwise), submit the details of proposals to pay for program development and coordination as a cost of supportive services, to the general public for review and comment; and

- (iii) The State agency certifies that any such expenditure by an Area Agency will have a direct and positive impact on the enhancement of services for older persons in the planning and service area.

1321.17(f)(15)

The State agency will assure that where there is a significant population of older Indians in any planning and service area that the area agency will provide for outreach as required by section 306(a)(6)(N) of the Act.

The Area Agency on Aging will meet all assurances as required under CFR §1321.53 - 1321.61, 1321.63 - 1321.75.

Certification Regarding Lobbying

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of best of his or her knowledge and belief, that:

- (1) No Federal appropriated finds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal Contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence and officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions;
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (Including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Department of Community Services
Organization

Hawai'i
State

Signature and Title of Authorized Official
Department of Community Services

Date

Waivers

Waiver to Provide Direct Service(s)

ELDERLY AFFAIRS DIVISION

(Area Agency on Aging)

JUSTIFICATION FOR AREA AGENCY'S DIRECT PROVISION OF SERVICE

For the period beginning **October 1, 2019** through **September 30, 2023**

Service

Retired and Senior Volunteer Program – RSVP

Title III Reference

OAA Sec.306(a)(12) Each such plan shall, provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs describe in section 203(b) within the planning and service area.

OAA Sec.307(a)(8)(A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the area agency on aging in the State, unless, in the judgment of the State agency—provision of such services by the area agency on aging is necessary to assure an adequate supply of such services; such services are directly related to such area agency on aging's administrative functions; or such services can be provided more economically, and with comparable quality, by such area agency on aging.

Funding Source and Annual Estimates

CNCS (Federal)	\$90,514.00
Title III	- 0 -
State	- 0 -
County	\$62,589.00
TOTAL	\$153,103.00

** Estimates based on FFY18 data.*

Justification

- Oahu RSVP Volunteer Program recruits and links adults, age 55 and better, with volunteer opportunities in the community that match their personal interests and make use of their wisdom, skills, and experience. RSVP volunteers are placed in nonprofit organizations as well as Government and public agencies throughout the community. These community partners are referred to as Volunteer Stations. Healthy Futures is Oahu RSVP's primary

focus area which aims to increase seniors ability to remain in their own homes with the same or improved quality of life for as long as possible, increasing food security, improving access to health care and promoting good health.

- The Elderly Affairs Division (EAD), Department of Community Services (DCS), City and County of Honolulu, is the incumbent sponsor for the RSVP Volunteer Program for the island of Oahu. The grantee share (matching funds) is supported by the Kupuna Care (state) funds.
- RSVP meets community needs such as health and nutrition for frail seniors, tutoring of children and adults, public safety and healthy communities through volunteer services such as meal delivery, advocacy for seniors, promotion, and maintenance of local culture and environmental restoration.
- RSVP addresses the mission of the Elderly Affairs Division of the City and County of Honolulu to strengthen our community by enhancing the quality of people's lives through the delivery of services to those in need.
- RSVP volunteers provide independent living service to seniors that include but are not limited to Companionship, Transportation, Respite, Chore to prevent senior homelessness, Meals on Wheels, and Telephone Reassurance. Furthermore, volunteers also provide other services which include but are not limited to tutoring children, teaching adult literacy skills, serving lunches to under privilege children, serving at the City & County Customer Services Departments, Engaging Veterans and Families in Community Services, and Serving young military families.
- During FFY18, 333 Oahu RSVP Volunteers from at 24 volunteer stations served 24,815 hours of community service. The average cost per volunteer is \$271.81, as determined by the Corporation for National & Community Service (CNCS). Based on this, the total value of Oahu RSVP's volunteers are \$90,513.

ELDERLY AFFAIRS DIVISION

(Area Agency on Aging)

JUSTIFICATION FOR AREA AGENCY'S DIRECT PROVISION OF SERVICE

For the period beginning October 1, 2019 through September 30, 2023

Service

Information and Assistance and Outreach

Title III Reference

OAA Sec.307(a)(8)(A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the area agency on aging in the State, unless, in the judgment of the State agency—provision of such services by the area agency on aging is necessary to assure an adequate supply of such services; such services are directly related to such area agency on aging's administrative functions; or such services can be provided more economically, and with comparable quality, by such area agency on aging.

OAA Sec.307(a)(8)(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

Funding Source and Annual Estimates

Title III	\$140,000.00
State	\$975,000.00
County	\$650,000.00
TOTAL	\$1,765,000.00

** Estimates based on FFY18 data.*

Justification

- The Elderly Affairs Division has provided Information and Assistance and Outreach since 1976.
- Total budget staff consists of 30 full-time equivalents (FTE), with most staff able to offer bilingual services. They cover the enter planning and service area.
- Staff triage, provide options counseling, and schedule home visits to assess and assist older adults who call our highly publicized Senior Information Helpline (768-7700).
- During FY18, the Elderly Affairs Division's Information and Assistance unit assisted 144,026 of older adults and caregivers, with over 155,688 contacts.

ELDERLY AFFAIRS DIVISION

(Area Agency on Aging)

JUSTIFICATION FOR AREA AGENCY'S DIRECT PROVISION OF SERVICE

For the period beginning October 1, 2019 through September 30, 2023

Service

Case Management

Title III Reference

OAA Sec.307(a)(8)(A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the area agency on aging in the State, unless, in the judgment of the State agency—provision of such services by the area agency on aging is necessary to assure an adequate supply of such services; such services are directly related to such area agency on aging's administrative functions; or such services can be provided more economically, and with comparable quality, by such area agency on aging.

OAA Sec.307(a)(8)(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

Funding Source and Annual Estimates

Title III	- 0 -
State	\$800,000.00
County	- 0 -
TOTAL	\$800,000.00

** Estimates based on FFY18 data.*

Justification

- The Elderly Affairs Division has provided Case Management services since 2016; and was fully implemented in 2018.
- Total budget staff has increased to 14 full-time equivalents (FTE), with the ability to offer bilingual services. They provide direct person-centered case management to the entire planning and service area.
- Staff triage, provide options counseling, conduct home visits to assess and assist older adults in meeting their needs, and develops and monitors the implementation of client support plans.
- During FY18, the Elderly Affairs Division's Information and Assistance Unit assisted 2,473 older adults and caregivers, with over 11,127 units of case management.

Waiver of Priority Category of Services

ELDERLY AFFAIRS DIVISION

(Area Agency on Aging)

JUSTIFICATION FOR AREA AGENCY'S DIRECT PROVISION OF SERVICE

For the period beginning October 1, 2019 through September 30, 2023

The Area Agency on Aging is required to spend at least 40 percent of its Title III-B allotment in the priority categories of services, with some expenditures occurring in each category. If the Area Agency on Aging wishes to waive this requirement, it must identify the category of service which will be affected and provide a justification and documentation as required by Section 306(b). If the waiver is granted, the Area Agency on Aging certifies that it shall continue to expend at least 40 percent of its Title III-B annual allocation for the remaining priority categories of services.

Priority Service	Check Category Affected
Access (Transportation, Health Services, Outreach and Information and Assistance, and Case Management Services).	N/A
In Home Services (including Supportive Services for Families of Older Individuals who are victims of Alzheimer's disease and related disorders with neurological can organic brain dysfunction).	N/A
Legal Assistance	N/A

Staffing

<u>Primary Area Agency Responsibilities</u>	<u>Position with Lead Authority for Decision-Making for Defined Responsibilities</u>
<u>General Administration</u>	
Overall program administration	County Executive on Aging
The statement of written procedures for carrying out all defined responsibilities under the Act	County Executive on Aging, Chief Planner
Responding to the views of older persons relative to issues of policy development and program implementation under the plan	County Executive on Aging, Chief Planner
Hiring of staff resources	County Executive on Aging and I&A Coordinator for I&A Programs
Organization of staff resources	County Executive on Aging and I&A Coordinator for I&A Programs
Liaison with Advisory Council	County Executive on Aging with Staff support
Public information relations	County Executive on Aging and I&A Coordinator for I&A Programs
Overall program policy	County Executive on Aging
Grants management	Chief Planner, Grants Managers, Data Analyst
Fiscal management	Budget Analyst, with support of Chief Planner and Grants Managers
Personnel management	County Executive on Aging and I&A Coordinator for I&A Programs
Information management/reporting	Chief Planner and Data Analyst
<u>Program Planning</u>	
Coordinating planning with other agencies and organizations to promote new or expanded benefit opportunities for older people	County Executive on Aging, I&A Coordinator, Chief Planner, Grants Managers
Assessing the kinds of levels of services needed by older persons in the planning and service	I&A Coordinator, Chief Planner, Grants Managers

area, and the effectiveness of other public and private programs serving those needs

Defining means for giving preference to older persons with greatest economic or social need

Chief Planner

Defining methods for establishing priorities for services

Chief Planner

Conducting research and demonstrations

All Staff

Resource identification/Grantsmanship

All Staff

Advocacy

Monitoring, evaluating and commenting on all plans, programs, hearings, and community actions which affect older people

County Executive on Aging, Chief Planner, Grants Managers

Conducting public hearings on the needs of older persons

County Executive on Aging, Chief Planner

Representing the interests of older people to public officials, public and private agencies

County Executive on Aging, with Staff support

Facilitate the support of activities to increase community awareness of the needs of residents of long-term care facilities

I&A Coordinator

Conducting outreach efforts with special emphasis on the rural elderly, to identify older persons with greatest economic or social needs and to inform them of the availability of services under the Area Plan.

I&A Coordinator, I&A Supervisors, I&A Staff

Systems Development

Defining community service area boundaries

Chief Planner

Designating community focal points

Chief Planner

Pursuing plans to assure that older people in the planning and service area have reasonably convenient access to services

Chief Planner with support of Grants Manager and I&A Coordinator

Entering into subgrants or contracts with Service Providers

Chief Planner, Grants Managers

Providing technical assistance to service providers

Grants Managers, Data Analyst, Budget Analyst

Pursuing plans for developing a system of services comprised of access services, in-home services, and community services

Chief Planner, with support of Grants Manager and I&A Coordinator

Coordinating plan activities with other programs supported by federal, State and local resources, in order to develop a comprehensive and coordinated service system in the planning and service area

Chief Planner, with support of Grants Manager and I&A Coordinator

Program Maintenance

Monitoring performance of all service providers under the Plan

Chief Planner, Grants Managers, Data Analyst, Budget Analyst

Evaluating performance of all service providers under the Plan

Chief Planner, Grants Managers, Data Analyst, Budget Analyst

Providing feedback to service providers and key decision makers

All Staff

Monitoring and evaluating coordinated services for older people in the planning and service area

County Executive on Aging, Chief Planner, Grants Managers, Budget Analyst, Data Analyst

Glossary

1. Programs, Services, and Activities

Adult Day Care/Adult Day Health: Personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically includes social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance and home health aide services for adult day health. (FSRR, 2016).

Assisted Transportation: Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicle transportation. (FSRR, 2016).

Case Management: Assistance either in the form of access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment, as required. (FSRR, 2016).

Chore: Assistance such as heavy housework, yard work or sidewalk maintenance for a person. (FSRR, 2016).

Congregate Meal: A meal provided to a qualified individual in a congregate or group setting. The meal served meets all of the requirements of the Older Americans Act and State/Local laws. (FSRR, 2016).

Disease Prevention and Health Promotion Services: Health risk assessments; routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, and nutrition screening; nutritional counseling and educational services for individuals and their primary caregivers; evidence-based health promotion programs, including programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition; programs regarding physical fitness, group exercise, and music, art, and dance-movement therapy, including programs for multigenerational participation that are provided by an institution of higher education, a local educational agency, as defined in section 1471 of the Elementary and Secondary Education Act of 1965, or a community-based organization; home injury control services, including screening of high-risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment; screening for the prevention of depression, coordination of community mental health services, provision of educational activities, and referral to psychiatric and psychological services; educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act; medication management screening and education to prevent incorrect medication and adverse drug reactions; information concerning diagnosis, prevention, treatment, and rehabilitation of diseases, and Alzheimer's disease and related disorders with neurological and organic brain dysfunction; gerontological counseling; and counseling regarding social services and follow-up health services based on any of the services described earlier. (OAA, Sec 102 (14)).

Education and Training Service: Instructional sessions and seminars through either formal or informal methods which assist the older persons to acquire knowledge and skills for vocational improvement, personal/social enrichment and to better cope with life situations. (FSRR, 2005).

Home-Delivered Meal: A meal provided to a qualified individual in his/her place of residence. The meal is served in a program administered by State Units on Aging and/or Area Agencies on Aging and meets all of the requirements of the Older Americans Act and State/Local laws. (FSRR, 2016).

Homemaker: Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework. (FSRR, 2016).

Information and Assistance: A service that: a) provides individuals with information on services available within the communities; b) links individuals to the services and opportunities that are available within the communities; c) to the maximum extent practicable, establishes adequate follow-up procedures. Internet web site “hits” are to be counted only if information is requested and supplied (FSRR, 2016).

Legal Assistance: Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney. (FSRR, 2016).

Nutrition Counseling: Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medication use, or to caregivers. Counseling is provided one-on-one by a registered dietician, and addresses the options and methods for improving nutrition status, performed by a registered dietitian or the health professional functioning within their legal scope of practice. (FSRR, 2016).

Nutrition Education: A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietician or individual of comparable expertise. (FSRR, 2016).

Outreach: Intervention with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their caregivers) and encouraging their use of existing services and benefits. (FSRR, 2016).

Personal Care: Personal assistance, stand-by assistance, supervision or cues. (FSRR, 2016).

Senior Opportunities and Services: Designed to identify and meet the needs of low-income older individuals in one or more of the following areas: (a) development and provision of new volunteer services; (b) effective referral to existing health, employment, housing, legal, consumer, transportation, and other services; (c) stimulation and creation of additional services and programs to remedy gaps and deficiencies in presently existing services and programs; and (d) such other services as the Assistant Secretary may determine are necessary or especially appropriate to meet the needs of low-income older individuals and to assure them greater self-sufficiency. (OAA, Sec 321 (14)).

Transportation: Curb-to-curb transportation for older persons who require help in getting from one location to another using a vehicle. Does not include any other activity. (FSRR, 2016).

2. Services to Caregivers

Access Assistance: A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. (FSRR, 2016).

Counseling: Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (or individual caregivers and families). (FSRR, 2016).

Information Services: A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. (FSRR, 2016).

Respite Care: Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes: 1) In-home respite (personal care, homemaker, and other in-home respite); 2) respite provided by attendance of the care recipient at a senior center or other nonresidential program; 3) institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. (FSRR, 2016).

Supplemental Services: Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies. (FSRR, 2016).

3. Facilities

Multipurpose Senior Center: A community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals. (OAA, Sec 102 (36)).

4. Special Populations and Definitions Related to Special Populations

Adult Child with a Disability means a child who: (A) is 18 years of age or older; (B) is financially dependent on an older individual who is a parent of the child; and (C) has a disability. (OAA, Sec 321 (25e)).

At Risk for Institutional Placement: With respect to an older individual, that such individual is unable to perform at least two activities of daily living without substantial assistance (including verbal reminding, physical cuing, or supervision) and is determined by the State involved to be in need of placement in a long-term care facility. (OAA, Sec 102 (9)).

Child: An individual who is not more than 18 years of age or an individual 19 – 59 of age who has a disability. The term relates to a grandparent or other older relative who is a caregiver of a child. (FSRR, 2016).

Disability: (Except when such term is used in the phrase “severe disability,” “developmental disabilities,” “physical or mental disability,” “physical and mental disabilities,” or “physical disabilities”) a disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in substantial functional limitations in 1 or more of the following areas of major life activity: (A) self care, (B) receptive and expressive language, (C) learning, (D) mobility, (E) self-direction, (F) capacity for independent living, (G) economic self-sufficiency, (H) cognitive functioning, and (I) emotional adjustment. (OAA, Sec 102 (13)).

Elder Abuse, Neglect, and Exploitation: Abuse, neglect, and exploitation, of an older individual. (OAA, Sec 102 (16)).

Abuse: The willful: (a) infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish; or (b) deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness. (OAA, Sec 102 (1)).

Exploitation: The fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of an older individual for monetary or personal benefit, profit, or gain, or that results in depriving an older individual of rightful access to, or use of, benefits, resources, belonging, or assets. (OAA, Sec 101 (18A)).

Neglect: (a) the failure to provide for oneself the goods or services that are necessary to avoid physical harm, mental anguish, or mental illness; or (b) the failure of a caregiver to provide the goods or services. (OAA, Sec 102 (38)).

Physical Harm: Bodily injury, impairment, or disease. (OAA, Sec 102 (41))

Family Caregiver: An adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction. (OAA, Sec 302 (3)).

Frail: With respect to an older individual in a State, that the older individual is determined to be functionally impaired because the individual: (A) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or at the option of the State, is unable to perform at least three such activities without such assistance; or (B) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual. (OAA, Sec 102 (22)).

Grandparent or Older Individual who is a Relative Caregiver: A grandparent or step-grandparent of a child, or a relative of a child by blood, marriage, or adoption, who is 55 years of age or older and—(A) lives with the child; (B) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and (C) has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally. (OAA, Sec. 372 (3)).

Greatest Economic Need: The need resulting from an income level at or below the poverty line. (OAA, Sec 102 (23)).

Greatest Social Need: The need caused by non-economic factors, which include: (A) physical and mental disabilities; (B) language barriers; and (C) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that: (i) restricts the ability of an individual to

perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently. (OAA, Sec 102 (24)).

High Nutritional Risk: An individual who scores six (6) or higher on the “DETERMINE Your Nutritional Risk Checklist” published by the Nutritional Screening Initiative. (FSRR, 2016).

Impairment in Activities of Daily Living: The inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking. (FSRR, 2016).

Impairment in Instrumental Activities of Daily Living: The inability to perform one or more of the following eight instrumental activities of daily living without personal assistance, or stand-by assistance, supervision or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability. (FSRR, 2016).

Living Alone: A one person household (using the Census definition of household) where the householder lives by his or herself in an owned or rented place of residence in a non-institutional setting, including board and care facilities, assisted living units and group homes. (FSRR, 2016).

NSIP Meals: A Nutrition Services Incentive Program (NSIP) Meal is a meal served in compliance with all the requirements of the Older Americans Act, which means at a minimum that, 1) it has been served to a participant who is eligible under the Older Americans Act and has NOT been means-tested for participation; 2) it is compliant with the nutrition requirement; 3) it is served by an eligible agency; and 4) it is served to an individual who has an opportunity to contribute. NSIP meals also include home delivered meals provided as Supplemental Services under the National Family Caregiver Support Program (Title III-E) to persons aged 60 and over who are either care recipients (as well as their spouses of any age) or caregivers. (FSRR, 2016).

Older Individual: An individual who is 60 years of age or older. (OAA, Sec 102 (40)).

Poverty: Persons considered to be in poverty are those whose income is below the official poverty guideline (as defined each year by the Office of Management and Budget, and adjusted by the Secretary, DHHS) in accordance with subsection 673 (2) of the Community Services Block Grant Act (42 U.S.C. 9902 (2)). The annual HHS Poverty Guidelines provide dollar thresholds representing poverty levels for households of various sizes. (FSRR, 2016).

Rural: A rural area is: any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants. (FSRR, 2016).

Severe Disability: Severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that: is likely to continue indefinitely; and results in substantial functional limitation in 3 or more of the major life activities specified in subparagraphs (A) through (G) of paragraph (8) of the Older Americans Act, as amended. (OAA, Sec 102 (48)).

5. Ethnic Groups

African American or Black: A person having origins in any of the black racial groups of Africa. (FSRR, 2016).

American Indian or Alaskan Native: A person having origins in any of the original peoples of North America, and who maintains tribal affiliation or community attachment. (FSRR, 2016).

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (FSRR, 2016).

Caucasian or White: A person having origins in any of the peoples of Europe, the Middle East, or North Africa. (FSRR, 2016).

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. (FSRR, 2016).

Indian: A person who is a member of an Indian tribe. (OAA, Sec 102 (26)).

Native American: Refers to American Indians, Alaskan Natives, and Native Hawaiians. (OAA, Sec 601).

Native Hawaiian: Any individual any of whose ancestors were natives of the area which consists of the Hawaiian Islands prior to 1778. (OAA, Sec 625).

Native Hawaiian or Pacific Islander: A person having origins in any of the original peoples of Hawai'i, Guam, Samoa or other Pacific Islands. (FSRR, 2016).

6. Other Definitions

Aging and Disability Resource Center means an entity established by a State as part of the State system of long-term care, to provide a coordinated system for providing— (A) comprehensive information on the full range of available public and private long-term care programs, options, service providers, and resources within a community, including information on the availability of integrated long-term care; (B) personal counseling to assist individuals in assessing their existing or anticipated long-term care needs, and developing and implementing a plan for long-term care designed to meet their specific needs and circumstances; and (C) consumers access to the range of publicly-supported long-term care programs for which consumers may be eligible, by serving as a convenient point of entry for such programs. (OAA, Sec 102 (4)).

Aging Network: The network of State agencies, Area Agencies on Aging, Title VI grantees, and the Administration; and organizations that are providers of direct services to older individuals or are institutions of higher education; and receive funding under this act. (OAA, Sec 102 (5)).

Area Agency on Aging: An Area Agency on Aging designated under section 305(a)(2)(A) of the Older Americans Act or a State agency performing the functions of an Area Agency on Aging under section 305(b)(5) of the Older Americans Act. (OAA, Sec 102 (6)).

Assistive Technology: Technology, engineering methodologies, or scientific principles appropriate to meet the needs of, and address the barriers confronted by, older individuals with functional limitations. (OAA, Sec 102 (8B)).

Elder Justice: Used with respect to older individuals, collectively, means efforts to prevent, detect, treat, intervene in, and respond to elder abuse, neglect, and exploitation and to protect older individuals with diminished capacity while maximizing their autonomy. Used with respect to an individual who is an older individual, means the recognition of the individual's rights, including the right to be free of abuse, neglect, and exploitation. (OAA, Sec 102 (17)).

Long-term care: Any service, care, or item (including an assistive device), including a disease prevention and health promotion service, an in-home service, and a case management service— (A) intended to assist individuals in coping with, and to the extent practicable compensate for, a functional impairment in carrying out activities of daily living; (B) furnished at home, in a community care setting (including a small community care setting as defined in subsection (g)(1), and a large community care setting as defined in subsection (h)(1), of section 1929 of the Social Security Act (42 U.S.C. 1396t)), or in a long-term care facility; and (C) not furnished to prevent, diagnose, treat, or cure a medical disease or condition. (OAA, Sec 102 (34)).

Minority Provider: A provider of services to clients which meets any one of the following criteria: 1) A not for profit organization with a controlling board comprised at least 51% of individuals in the racial and ethnic categories listed below. 2) A private business concern that is at least 51 % owned by individuals in the racial and ethnic categories listed below. 3) A publicly owned business having at least 51% of its stock owned by one or more individuals and having its management and daily business controlled by one or more individuals in the racial and ethnic categories listed below: The applicable racial and ethnic categories include: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or Hispanic. (FSRR, 2005).

Older Americans Act: An Act to provide assistance in the development of new or improved programs to help older persons through grants to the States for community planning and services and for training, through research, development, or training project grants, and to establish within the Department of Health, Education, and Welfare an operating agency to be designed as the "Administration on Aging". (Public Law 89-73).

Planning and Service Area: An area designated by a State agency under section 305(a)(1)(E), including a single planning and service area described in section 305(b)(5)(A) of the Older Americans Act. (OAA, Sec 102 (42)).

Title III: The purpose of Title III is to encourage and assist State agencies and Area Agencies on Aging to concentrate resources in order to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve older individuals by entering into new cooperative arrangements in each State with the persons described in paragraph (2) (State agencies and Area Agencies on Aging; other State agencies, including agencies that administer home and community care programs; Indian tribes, tribal organizations, and Native Hawaiian organizations; the providers, including voluntary organizations or other private sector organizations, of supportive services, nutrition services, and multipurpose senior centers; and organizations representing or employing older individuals or their families) for the planning, and for the provision of, supportive services, and multipurpose senior centers, in order to secure and maintain maximum independence and dignity in a home environment for older individuals capable of self-care with appropriate supportive services; remove individual and social barriers to economic and personal independence for older individuals; provide a continuum of care for vulnerable older individuals; and secure the opportunity for older individuals to receive managed in-home and community-based long-term care services. (OAA, Sec 301).

Volunteer: An uncompensated individual who provides services or support on behalf of older individuals. (FSRR, 2016).

Sources:

(FSRR) Federal and State Reporting Requirements, 2016.

(OAA) Older Americans Act, as reauthorized and amended, 2016.

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Eldercare

In accordance with the Older Americans Act, Section 306(a)(13), the Elderly Affairs Division will:

306(a)(13)(A)

Maintain integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

306(a)(13)(B)

Disclose to the Assistant Secretary and the State agency;

306(a)(13)(B)(i)

The identity of each non-governmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

306(a)(13)(B)(ii)

The nature of such contract or such relationship;

306(a)(13)(C)

Demonstrate that a loss or diminution in the quantity or quality of services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

306(a)(13)(D)

Demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

306(a)(13)(E)

On the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

The Elderly Affairs Division has contracted with the following service providers to provide the necessary services:

Alzheimer's Association, Arcadia Elder Services, Catholic Charities Hawai'i, Child and Family Services, Franciscan Care, Hale Hau'oli Hawai'i, Hawaii Family Services, Inc., Hawaii Health Systems Corporation, Hawaii Meals on Wheels, Hookele Care at Home, Kahala Senior Living, Keiki to Kupuna Foundation, Kokua Kalihi Valley, Lanakila Pacific, Lunalilo Home, Malama Adult Day Care Center, Moiliili Community Center, Palolo Chinese Home, Project Dana, The Salvation Army,

St. Francis Health Services, Seagull Schools, University of Hawai'i Elder Law, Waikiki Health, Windward Seniors, and WorkHawaii.

Contracts with each service provider serve as the tool by which they are paid. Contracts are either grants which are paid based on costs incurred or performance based contracts which are paid according to units performed or delivered.

Public Hearing Notice

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Focus Group and Reports

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Survey Tools and Reports

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CITY COUNCIL
CITY AND COUNTY OF HONOLULU
HONOLULU, HAWAII

RESOLUTION 19-207, CD1

Introduced: 08/20/19 By: IKAIKA ANDERSON – BY REQUEST Committee: BUDGET

Title: RESOLUTION SUPPORTING THE FOUR-YEAR AREA PLAN ON AGING UNDER THE OLDER AMERICANS ACT OF 1965,
AS REAUTHORIZED IN 2016.

Voting Legend: * = Aye w/Reservations

10/21/19	BUDGET	CR-299 – RESOLUTION REPORTED OUT OF COMMITTEE FOR ADOPTION AS AMENDED IN CD1 FORM. 4 AYES: ELEFANTE, MANAHAN, MENOR, WATERS. 1 EXCUSED: PINE.
11/06/19	COUNCIL	CR-299 AND RESOLUTION 19-207, CD1 AS AMENDED WERE ADOPTED. 7 AYES: ELEFANTE, FUKUNAGA, KOBAYASHI, MANAHAN, MENOR, PINE, WATERS. 2 ABSENT: ANDERSON, TSUNEYOSHI.

I hereby certify that the above is a true record of action by the Council of the City and County of Honolulu on this RESOLUTION.


GLEN I. TAKAHASHI, CITY CLERK


IKAIKA ANDERSON, CHAIR AND PRESIDING OFFICER